X

I

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs ofter deoth. If any delay is a secory, please execute the certificate, writing the word "pending" in pendil in limm 18. Give Pages 1, 2, and 3 to that funeral director. Page 4 should be forwarded Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

cute the cer forwarded TO FUNERAL DIA or removol. VS. A15ME(5) 5M 9/55

2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EYAMINED'S CEDTIEICATE OF DEATH

		10848		E EXAMINER					<i></i>	1	Reg. [Dist. No).	
	PLACE OF DEATH	egany		MARYLANI		o. STATE	CE (Whe	re deceas	ed lived. If Ir b. COI			ega:		ission)
	Cumber la	outside corporate limits, writ	RUEAL	c. LENGTH OF STAY IN 18	0	c. City or tow		autide corporate limits, write RURAL and give nearest tawn)						
ľ	506 Pear		If not in hos	pital, give street address)	1	506 P		e Av	e				ON	ESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	fa.ry Fir		Middle lizabeth A	ber	nathy	4.	DATE OF DEATH	Oct.	lonth	3	Doy		9 59
5. :	emale	6. COLOR OR RACE	7. MARRIE	DIVORCED		ITE OF BIRTH	95		9. AGE (in year lost birthday)		UNDER onths	Days	Hours	ER 24 HRS. Min.
100	. USUAL OCCUPATIO	N (Give kind of wark g life, even if retired)		CIND OF BUSINESS OR INDU	_		-	foreign o	ountry)			IZEN O		COUNTRY
13.	FATHER'S NAME			00010	14	. MOTHER'S MAID	EN NAM	AE			<u></u>	* O * i	14	
	Jessie	Abernathy					ande							
	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17.	INFO	RMANT	et Huto	TID	Add	Iress				
	no, er unknown)	(if yes, give wor or doles of		32-01-1370A	Myg	. Ernest	Aho	mnot	hve Cuml	ham1	6 10 2	. Me	1	
	PART I, DEAT	H [Enter only one cause H WAS CAUSED 8Y: IMMEDIATE CAUSE (0)							34 5534			INTER	Sud	den
	4.20,1	DUE TO		Coronar	3 F)	Scleros	afa						_	
	gove rise to Immediate cause													
	(a), slating the underlying DUE TO													
CATION		ER SIGNIFICANT CON	DITIONS CO	ENTRIBUTING TO DEATH BUT	TON	RELATED TO THE T	TERMINA	L DISEASE	CONDITION	GIVEN	IN PAI		9. WAS PERFO YES [AUTOPSY PRMED?
CERTIFICA	200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	SE WAS TRIBUTING (b. DESCRIBE	HOW INJURY OCCURRED.	(Enter	nature of Injury in	n Port I c	or Port II	of item 18.)					- 11
MEDICAL	20c. TIME OF INJUR Have a.m. p. m.	Y Month, Day, Yeo	While		LACE (OF INJURY (Home, street, office bldg.	form, ., etc.)	20f. (City	ar town)		(Co	unty)		(State)
	21. I certify th	at I taak charge	af the r	emains described ab	ave,	held an Aut	apsy [, Ir	spection]	OL I	Inqui	гу 🔀	, and	find tha
	death resulted	fram: Natural	causes 🛚	, Accident , S	uicid	e 🔲, Hamie	cide [], Ur	ndetermine	d cau	se [j. —		
	ACTUAL SIGNATURE	enedict	# Sk	itarelie)	м	.D. CHIEF MEDICA		_	R 🗆 .			X	DATE:	EIG:NED
	NAME (Type)			arelic, M.I		DEPUTY MEDI		74		ctol		31	, 1	959
220	BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREC)F	22c. NAME OF CEMETERY C	OR CRE	MATORY	22	d. LOCAT	HON (City, to	wn, or s	ounly)		(Stot	•
***	Burial	11/2/50		Philos					ternpor				Ma.	
23.	FUNERAL DIRECTOR	SIGNATURE	100-1	ADDRESS		240.	REC'D 8	Y REGIST	RAR 246. R	EGISTRA	AR'S SI	GNATUI	RE	
1	- V 74 "	7.	WEST	ternport, Md.		DATE								

The state of the s

CERTIFICATE OF DEATH

10834

Reg. Dist. No.

arthur & Krous

1		Keg. Dist.	NO.							
M)	1. PLACE OF DEATH o. COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE MARYLAND b. COUNTY ALLEGA	before admission)							
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) CUMBERLAND 32 DAYS	c. CITY OR TOWN (If autside carporate limits, write RURAL and give	e nearest tawn)							
60	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION MEMORIAL HOSPITAL	d. STREET ADDRESS 306 S. ALLEGANY STREET	e. IS RESIDENCE ON A FARM? YES NO S							
I	3. NAME OF First Middle DECEASED (Type or print) ROBERT S.	BARNES 4. DATE Month OCTOBER	3 Year 1959							
	5. SEX MALE 6. COLOR OR RACE WIDOWED DIVORCED	DECEMBER 28 100 Months Do	YEAR IF UNDER 24 HRS.							
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired) RETIRED momenta Commence	MARYLAND U.S	N OF WHAT COUNTRY?							
	13. FATHER'S NAME RAYMOND BARNES	14. MOTHER'S MAIDEN NAME EMMA SCHWARTZ								
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	MEMORIAL HOSPITAL - CUMBERLAND, ME	VENUE							
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Fa:		interval Between onset and Death 5 Months							
	Canditions, if any, which are to immediate (b) Myocardial Fibrosis									
	cause (a), stating the under- Coronary Arteriosclerosis									
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPS PERFORMED? Auricudar Fibrillation, Uremia, Diabetes Mellitus 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I of item 18.)									
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE OF INJURY (Home, form, 20f. (City ar tawn) (Cau	unty) (Stote)							
	p. m. 19 of wark of wark	foctory, street, office bldg., etc.)								
	21. I certify that I attended the deceased from May alive an Oct. 35 , 19 59 , and that deal ACTUAL SIGNATURE ACTUAL	th accurred at 2:27 AM, from the causes and on the causes (Street, city ar tawn, stote) M.D. 50 Pershing St.								
1	PHYSICIAN'S DR. S. JACOBSON	Cumberland, Md.								
	Bremoval (Sperty) 10/5/59 Repare Ch	. Cem. Parkosie Per	(State)							
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D'BY REGISTRAR 24b. REGISTRAR'S SIGN								

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page a may be refaired whe hospital or aftending physician.

VS A15 (4) 15M 9/58

WINDOWS CITY OF THE PROPERTY OF NUMBER OF THE SECOND BATTO STATE STATE OF THE STATE ELICOPAL PART SE LATER OF SERVICE SERVICES STATE OF THE STATE 571/4/4/2010 DESCRIPTION OF THE PROPERTY OF special for Colonians Shiresh I was a market The state of the s . -- . . - .

TO FUNERAL DIRECTION PAGE 3 should be a TO HOSPITAL OF

VS A1S (4) 1SM 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10835

CERTIFICATE OF DEATH 10050

Reg. Dist. No.

	20000									
1. PLACE OF DEATH c. COUNTY			MADY MA	2. USUAL RES o. STATE	IDENCE (Whe	ere deceased	lived. If institution b. COUNTY	on: Residenc	e before adr	nission)
A	llegany		MARYLAND		Mar	yland		All	legany	
b. CITY OR TOWN (If RURAL and give near	arest lown)	nils, write	c. LENGTH OF STAY IN 16	c. CITY OR	44		ote limits, write R	URAL and g	ive negrest to	own)
Cumberlan			1 year	0 4	Cum	berlar	ad			
d. NAME OF HOSPITA				d. STREET					10	RESIDENCE NA FARM?
454 Penns	ylvania A	lvenue	<u> </u>	454	ennsy	Ivania	Avenue		163	LI NO LA
3. NAME OF DECEASED (Type or print) A	fi LBERT	irsl	Middle HENRY	DAULTE CO	151	4. DATE OF DEATH	Mon		Doy	Year
S. SEX		7. MARR	IED NEVER MARRIED	BATIE B. DATE OF BIRT	ГН	1	October P. AGE (In years		1959	19 4DER 24 HRS.
Male	White	WIDOWE		Novembe	m 91	1875	fost birthday)	Months	Days Hou	rs Min.
		done 10b.	KIND OF BUSINESS OR IND		LACE (State of			12.CITI2	ZEN OF WHA	T COUNTRY?
during most of worki	ng life, even if retired	d)								
Retired M	achinist	B	2 0 Railroad	Wes	ternp	ort.	aryland		USA	
13. FATHER'S NAME				14. MOTHER'S	S MAIDEN N	AME				
Louis B	atie			Em	ıma .	Funk				
15. WAS DECEASED EVER		RCES? 16.	SOCIAL SECURITY NO.	INFORMANT	IIIGL	FUILE	454Ad	ann.	Avenu	e
	F yes, give war or dates of	service)					Cumbe	rland	4 Mar	yland
no		2	05-09-86701M	rs. Walt	er Hi	llegas	IS Valide	TIAIL	1, 61,	yrand
18. CAUSE OF DEAT	H [Enter only one of	ause per lin	e for (g), (b), and (c).]		~ .				INTERVAL	BETWEEN
PART I, DEAT	PART I. DEATH WAS CAUSED BY. DOZETICALY Scleroses ONSET AND DEATH									
							-		1	7-
4-20.1	DUE TO	0		01.	- 6		0	7		
Canditions, if on		b) /	is the forest	the last	OUR	Long	2 mores	i Trace	1 /	4/23
gove rise to im)	0							0
lying cause lost.	ne under-									
		c)								e huranch
PART II. OIHI	ER SIGNIFICANT CON	ADITIONS C	ONTRIBUTING TO DEATH BU	I NOT RELATED T	O THE TERMIN	NAL DISEASE	CONDITION GIV	'EN IN PARI	1(0) 19. W/	REPORMED?
3									YES	ON D
PART II. OTHI	UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter noture	of injury in P	ort I or Port	Il of item 1B.)			
		-	NUMBER 20- E	MAGE OF INITIANY	Alberta Francis	Page 16th		10		101-1-
20c: TIME OF INJURY	Month, Day, Ye	While		PLACE OF INJURY actory, street, affice			or rawn)	(C	County)	(State)
₽. m,	19		ol wark							
21 1 4 - 45 4 46	at Lattended the		ed from Comme	10.5	7. 6	exx -	2 8 19 55	Miles I I.		de exercise
///	ir i arrended ine	e decease	II dilli							
alive on		, 12	SZ, and that deal	th accurred at	4:004	M, fram t	he causes an	d an the	date sta	red abave
		-				ADDRESS (Str	eet, city or town,	stote)		ATE SIGNE
ACTUAL SIGNATURE	Cont 7	04	irrett	230	e ilce	Cock		Uc	ctober	3119
SIGNATURE				_m.b.						
PHYSICIAN'S										
NAME (Type)	Clay E. D	Jurret	tt M.D.	236	Virgi	nia-A	ve Cumb	erlar	nd Me	
220. BURIAL, CREMATION	1, 226. DATE THERE	OF	22c. NAME OF CEMETERY				ON (City, town,			itate)
REMOVAL (Specify)	Ont 71	100	Done Hill	Camata		Comb		Manua		
Burial 23. FUNERAL DIRECTOR'S	Uct. 31	19	59 Rose Hill	Cemeter			erland,	STRAR'S SIG		
		h	4.5	a. J	NC	D BY REGISTR	0 -			
John J.	naier, Cu	inder.	land, Marylan	IId	DATE	7 10	Ci	Thun S.	Tienes	
JOHN D.	nater, cu	amoer:	ianu, -aryta	IIU	DATE	71 2 3	o Co	which I.	Tienes	

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brill vet 33, 1908 from Mark Contents? Compared they beet

dean A. detery Comberland; Maryland

FOR STATE HEALTH DEPT tor, please tion. Page our files. of Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony delay is necrescute the certificate, writing the word "pending" in pendi in Item 18. Give Poges 1, 2, and 3 to the funeral distance 4 should be (for a fact of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the Funeral Director: Page 3 should be exed as a buriol-transity permit. File pages 1 and 2 with the State Board or its designated agent, prior to beriof, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

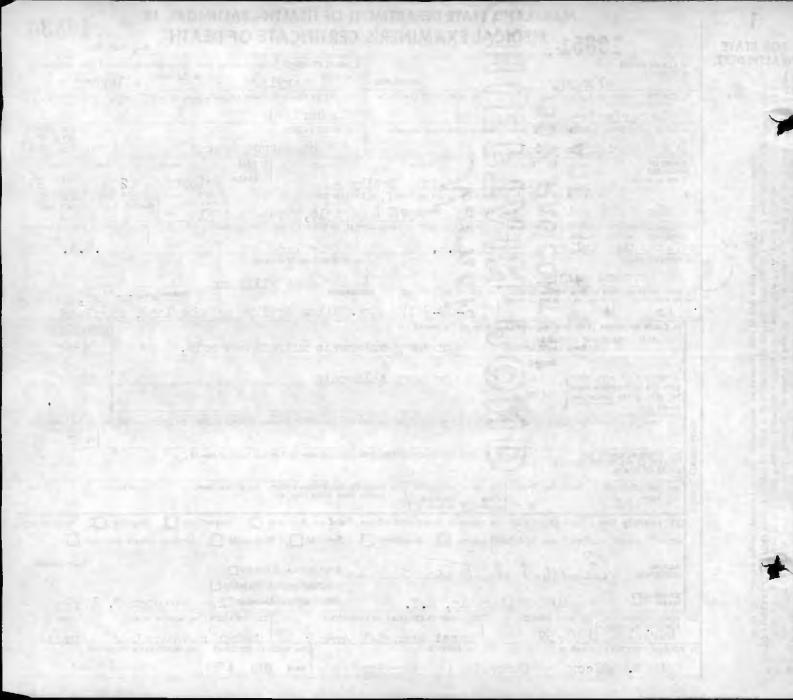
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10851

		1	()	0	J	6
Rea.	Dist.	No.				

- 1	-	The state of the s										Marie Area and a second	
		LACE OF DEATH	llegany			MARYLAND	2. USUAL RES	Maryl		ed lived. If institution b. COUN	tv	lega	
	b.	. CITY OR TOWN (It o	ulside corporale limits, write	RURAL	c. LENGTH O	F STAY IN 16	c. CITY OR	TOWN (IF	oulside corp	parate limits, writ	RURAL C	and give r	nearest town)
		Cumberla	nd				Cumbe	erland	00	2			
	_	. NAME OF HOSPITA			spital, give stree	s address)	d. STREET ADDRESS 6. IS RESIDENCE ON A PARM?						
Ì	_	DOA Memori	al Hospita	1			609 F	lender	son A	venue			YES NOX
	0	NAME OF DECEASED Type or print)	Geor		Lewis	Beal	lor	1	4. DATE OF DEATH	October		Day	19 59
	5. 5	EX		-	ED NEVER	The second secon		+		9. AGE Illa years	and the same of th	ER TYEAR	IF UNDER 24 HRS
		Male	White	WIDOWI	ED DIVE	ORCED 🔲	Sept 16	1908		last birthday)	Months	Doys	Hours Min.
į	10a	USUAL OCCUPATION	(Give kind of work life, even if retired)	done 10b.	KIND OF BUSIN	ESS OR INDUST				ountry)	12. C	ITIZEN O	F WHAT COUNTRY
-	1	Machinist	helper	В	&O R.R.			yland				U.	S.A.
	13.	13, FATHER'S NAME											
	1	the state of the s	d Bealky					nna K	diffn	er			
100		WAS DECEASED EVER	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURI		THAMSON			609 Her	ders	on Av	re,
		No			705-09-9	2517 M	rs. Hild	la Bea	lky	Cumberl			
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]									INTE	INTERVAL BETWEEN	
		PART 1. DEATH WAS CAUSED BY: Coronary sclerosis with thrombosis, right Sudden											
		420, / DUE TO											
		Conditions, if ony, which) (b) Coronary sclerosis **											
l		gove rise to immedi (a), stating the u											
		couse lost.	(c))									
	ATION	PART II, OTHI	R SIGNIFICANT CON	DITIONS C	ONTRIBUTING T	O DEATH BUT I	OT RELATED TO	THE TERM	NAL DISEAS	E CONDITION G	IVEN IN P		PERFORMED?
	CERTIFICATION	200. EXTERNAL CAUSE OF DEATH.	SE WAS TRIBUTING []	Ob. DESCRI	BE HOW INJURY	OCCURRED. (I	nter nature of in	njury in Por	l I or Part II	of item 16.)			M.V.
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	Whi	INJURY OCCUR	le fact	CE OF INJURY (Bry, street, office			or town)	(0	County)	(State)
		21. I certify the	at I took charge	of the	remoins des	cribed obc	ve, held an	Autops	y X. 1	nspection [Inqu	iry 🗌	ond in my
		opinion death r	esulted from:	Noturol	couses .	Accident	, Suicid	e [], I	Homicide	. Undet	ermined	monn	er 🔲
			0 .	1 /		-1,							
		ACTUAL SIGNATURE	Louder	TX	tarel	id	M.D. CHIEF A	MEDICAL EX	AMINER [DATE SIGNED
		V						NT MEDIC	AL EXAMINE				
		EXAMINER'S NAME (Type)	Benedict S	Skita	relic, M	.D.	DEPUTY	MEDICAL	EXAMINER [I Oct	tober	3, 3	1959
	220	BURIAL CREMATION		-		CEMETERY OR	CREMATORY		22d. LOCA	TION (City, town			(Slote)
		REMOVAL (Specify) Burial	10/5/59		Sunset	Memoria	1 Park		Cumbe	erland M	arvla	nd	(Rural)
	23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			240. REC'	D BY REGIST	RAR 246. REC	SISTRAR'S		
		Ruth E. Si	lcpx	Cumbe	rland	Maryla	nd	DATE	OCT 6	'59	Certhan	自是九	ined



130	b. CITY OR TOV	Allegany		MARYLAND	o. STATE Mai	ryland b. COUN		gany		
	Cumberla	l town)	write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If aubide corporate limits, write RURAL and give nearest town) Cumberland					
60		oseital OR INSTITUTION		ital, give street address)	d. STREET ADDRESS 735 Oldte	own Road		ON A FARM?		
	3. NAME OF DECEASED (Type or print)	WILLIA	fini M HEÌ	Middle VRY	Lost BOWERS	4. DATE Mont		Year 59		
	s. sex Male	6. COLOR OR RAC	WIDOWED	NEVER MARRIED 8	arch 4, 187	9. AGE (in years last highday) 80 yrs.	Months Days	1F UNDER 24 HRS. Hours Min.		
	10a. USUAL OCCU during most of v Retired	PATION (Give kind of wo vorking life, even if retire	ste	nd of Business or industore Manager	RY 11. BIRTHPLACE (Stor	Furnace, Wes		F WHAT COUNTRY?		
	13. FATHER'S NAA John	Bowers		,	14. MOTHER'S MAIDEN Betty	Furrel				
	15. WAS DECEASE (Yes, no, or unknown)	D EVER IN U. S. ARMED			FORMANT W.		dtown Ro land, Ma			
		DEATH [Enter only one of DEATH WAS CAUSED BY IMMEDIATE CAUSE	(o)	or (o), (b), and (c). } CONFUSION O	F BRAIN, SU	BDURAL HEMOR	ONS	S Days		
	gove rise ta i	if any, which mmediate cause the underlying DUE 1	(b)]	FALL DOWN ST	reps			3 Days		
2	PART II.	OTHER SIGNIFICANT CO	ONDITIONS COL	NTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TER	MINAL DISEASE CONDITION GI	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO		
	20a, EXTERNA PRIMARY IA o CAUSE OF DE	CAUSE WAS CONTRIBUTING [] ATH.	and a	HOW INJURY OCCURRED. (E		hter's house	-Hardin	g. W.Va.		
78		m. p. 10/9/59	fear 20d. In While at wor	Not while of work 1	CE OF INJURY (Home, for ory, street, office bidg., et OTMG	m. 20f. (City or town) c.) Harding, W	(County) est Virg	(Stole)		
	death resu					sy X. Inspection X le, Undetermined		, and find that		
	SIGNATURE			LILLY LICE	M.D.	CAL EXAMINER				

arthur & House

DATE DET 1 6 '59

John J. Hafer, Cumberland, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

YS. A15ME(5) SM 9/55

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the market of		And town I is	
a service of			
The second second second		NO 2241	
Advisory fund (compare exemple)			1717
In all seasons and a real and			
	Han Hall		
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
	Service Child	- De - Gres- (1911)	. L HEST

10838

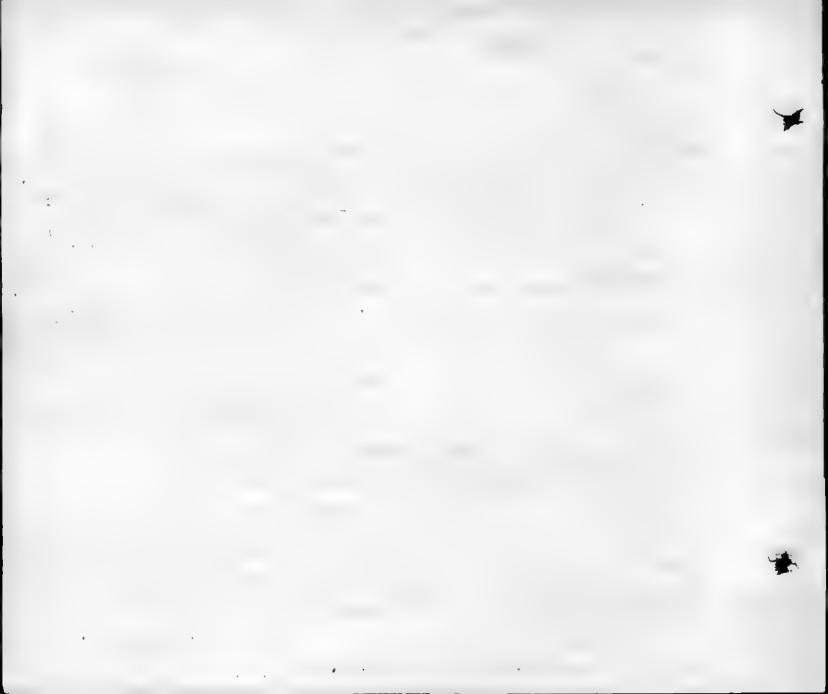
0901 CERTIFICATE OF DEATH

S. SEX S. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (III. prov) 100. USUAL OCCUPATION (see hid of work of the picture) 100. USUAL OCCUPATION (see hid of work of the picture) 100. USUAL OCCUPATION (see hid of work of the picture) 100. USUAL OCCUPATION (see hid of work of the picture) 100. USUAL OCCUPATION (see hid of work of the picture) 100. USUAL OCCUPATION (see hid of work of the picture) 100. USUAL OCCUPATION (see hid of work of the picture) 100. USUAL OCCUPATION (see hid of work of the picture) 100. USUAL OCCUPATION (see hid of work of the picture) 100. USUAL OCCUPATION (see hid of work of the picture) 100. USUAL OCCUPATION (see hid of work of the picture) 100. USUAL OCCUPATION (see hid of work of the picture) 100. USUAL OCCUPATION (see hid of work of the picture) 100. USUAL OCCUPATION (see hid of work of the picture) 100. USUAL OCCUPATION (see hid of work of the picture) 100. USUAL OCCUPATION (see hid of work of the picture) 100. USUAL OCCUPATION (see hid of work of the picture) 100. USUAL OCCUPATION (see hid of work of the picture) 100. USUAL OCCUPATION (see hid of work of the picture) 100. USUAL OCCUPATION (see hid occupation) 100. USUA			CERTITION	AL OI DEATH	Re	Reg. Dist. No.				
B. CITY OR TOWN (If coulde exported limits, write a LENGTH OF STAY IN 18 C CITY OR TOWN (IF coulded corporate limits, write BURAL and give necertal town) FYO S DULTY A NAME OF DADITAL (In ort in hospitol, give street address) A NAME OF INSTITUTION SAND SPTING NAME OF INSTITUTION SAND SPTING NAME OF INSTITUTION A NAME OF INSTITUTION CLARA MICHAELS BRODE SOME SPTING NAME OF STATE CLOVE A STEET ADDRESS SOME SPTING NAME OF STATE CLOVE OR RACE FORMAL OCCUPATION (For hide of work dose) ON A NAME OF INSTITUTION TO BUSINESS OR ROUSERY FORMAL OCCUPATION (For hide of work dose) TO BUSINESS OR ROUSERY IN BERNPLACE (State or foreign country) FOR STATES NAME EDWARD MICHAELS EDWARD OCCUPATION (For hide of work dose) TO SOCIAL SCHOOL OF BUSINESS OR ROUSERY IN MORNING THE WILL ON THE STANDEN NAME EDWARD MICHAELS EDWARD MICHAELS BRODE PROBLEM PROB		o. COUNTY	MARYLAND	II o STATE	A STATE OF THE STA					
TURAL one give necestal low) INTERVITUDING THE PROSECUTION OF STREET ORDERS OF NAME OF COUNTY OF STREET ORDERS OF NAME OF STATE		b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16							
A NAME OF HOSPITAL (II not in hospital, give vived oddress) Sand Spring A NAME OF SPRING SAND Spring A NAME OF SPRING A COLOR OF RACE MICHAELS BRODE DEATH OF PATH O		_RURAL and give nearest town)		`	er en	condigite negresi toway				
3 NAME OF DECARDED TYPE OF PIPMS CLARA MARIEO NEVER MARKED BRODE DECARDED BY THE PROPERTY OF COUNTY OF PIPMS OF PIPMS CLARA MARKED NEVER MARKED NEVE		d NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		d. STREET ADDRESS	t t					
DECEASED				Sand Spring	5	YES NO)				
Female White Middle Divorced 2-4-1887 Total birdhory Months Doys Mours Man, Months Months Doys D		DECEASED		0	AE .	04 50				
100. USUAL OCCUPATION Give kind of work done 166. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT 100. USES WITE 100. WHILE WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: WAS AUGUST 100. WHICH 100. WHILE 100. WH		5. SEX 6. COLOR OR RACE 7 MARRI	IEO NEVER MARRIED	8. DATE OF BIRTH	P. AGE (In years IF U					
HOUSE WIFE HOUSE WIFE HOUS					1 60 yrs.	nihs Doys Hours Min.				
HOUSEWISE OWN home Frostburg U.S.A. 15. FATHER'S NAME Edward Michael 15. WAS DECASEDEVER IN U. S. ARMED FORCES? In SOCIAL SECURITY NO. IT. INFORMANT Address Frostburg. In Social Security No. Information in the Control of Survey of Many		10a. USUAL OCCUPATION (Give kind of work done 10b.) during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or fore	eign country)	2. CITIZEN OF WHAT COUNTRY				
Edward Michael 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT NOO NOO 18 CAUSE OF DEATH [Enter only one coure per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: MARY S. GEORGE Phillips, Sand Spring, None 18 CAUSE OF DEATH [Enter only one coure per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: OUE TO Conditions, if ony, which gove rise to immediate course (c), iteling the under line to coure (c), iteling the under line to line and the line to line and the line to line and the l	1	Housewife 0	wn home	Frostburg		U.S.A.				
Second Contribution		3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
The content of the				Margaret	McBride					
INTERVAL BETWEEN ONSET AND DEATH Enter only one couse per line for [o]. (b). and (c).			SOCIAL SECURITY NO. 17. II	NFORMANT	Address	Frostburg, Lo				
PART I. DEATH WAS CAUSED BY. MMEDIATE CAUSE (9) A CONSTRUCTION			Mr	es. George Phi	Illips, Sand	i Spring,				
PERFORMED? 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED How while of work of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED How while of work of item 19. The injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hours, street, office bidg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hours, street, office bidg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hours, street, office bidg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hours, street, office bidg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hours, street, office bidg., etc.) 21. I certify that I attended the deceased from 10 - 19. The injury in Port I or Port II of item 18.) 220c. TIME OF INJURY (Home, form, 20f. (City or town) 420f. (County) 420f. (County)		Conditions, if ony, which gove rise to immediate couse (a), stoling the under- lying couse lost.	Coscul	er dise	av.	3-445				
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While of work of wore work of)	O PART II OTHER SIGNIFICANT CONDITIONS OF				PERFORMED?				
21. I certify that I attended the deceased from 10-1, 1958 to 10-24, 1959, that I last saw the deceased alive an 10-24, 1959, and that death accurred at 891 M, from the causes and on the date stated about a signature 10-26, and that death accurred at 891 M, from the causes and on the date stated about signature 10-26, and 10-26,			WIRE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I c	or Port II of Item 18.)					
actual Signature A.C. Die H.L. M.D., ADDRESS (Street, city or fown storet) Physician's H.C. Die H.L. M.D., Transformation (City Swin, or county) Burial 10-26-59 Hansel Cometery Frostburg Md.		Zoc. TIME OF INJURY Month, Day, Year 20d IN Hour o. m. 19 of work	Not while tec	ACE OF INJURY (Home, form, 20t clary, street, office bldg., etc.)	. (City or town)	(County) (State)				
ACTUAL SIGNATURE A.C. Diehl, MD. 39W: Major M. 10/26/ PHYSICIAN'S A.C. Diehl, M.D. Frank burg, Md. 200 BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (CIR Jum, or county) (Store) Burial 10-26-59 Hansel Cometery Frostburg Md.		alive an 10-24, 1959, and that death accurred at 891 M, from the causes and on the date stated above.								
PAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (CIP Jum, or county) Burial 10-26-59 Hansel Cometery Frostburg Md.		ACTUAL SIGNATURE	elel.	MD 39W. 7	nain St	10/26/				
Burial 10-26-59 Hansel Cemetery Frostburg Md.		PHYSICIAN'S H.C.Diet	, L, M.D.	Frank	-burg,)	nd.				
		REMOVAL (Specify)								
1240, REC'D BY REGISTRAR'S SIGNATURE										
Reulah H Mouleaux3 E. Main Frostburg Md. DATEDET 29'59 Cuther & Kings		TO A 1/2/1 - TOTEL EL	uneral Home							

Seoth. Poge 4 may be retained by the haspital ar ottending physician.

O FUNERAL DIS 108: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within III Hours of may be retained TO FUNERAL DIS VS A15 (4) 15M 10/57

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FIOR: After this certificate has been signed by the attending physician and campletely filled in by the Poneral director,	s. Pages 1 and 2 should be filled with		X M
g physician and camplete	it. Then please remove carban papers.	72 hours after death.	1
n signed by the ottending	sit permit. Then pleose	nd in ony event within 7	
After this certificate has been	detoched for use as the burial-transit permit.	ir ta buriaf, cremation, or removal, and in any event within 72 host	
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2		ğ	e P	0
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after	SILI	TO FUNERAL DITE FIOR: After this certificate has been signed by the attending physician and campletely filled in by the	20	ğ
TAI	retc	AL	ho	ţ
SPI	å	Ä	en	eg.
2	YOU	5	960	e C
0	may be retained the hospital ar attending physician.	9	page 3 should be detoched for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 sho	the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 1SM 10/57

n. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b. COUNTY NATY land Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cumberland 80vrs	Cumberland
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS e. IS RESIDENCE
IIO South Street	IIO South Street VES NO NO NA FARM?
3. NAME OF DECEASED (Type or print) Oliver Franklin Brown	DEATH IO — 3 — 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 74 HGS In years IF UNDER I YEAR IF UNDER 74 HGS In years IF UNDER 1 YEAR IF UNDER 74 HGS In years If UNDER 1 YEAR IF UNDER 74 HGS If UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 74 HGS If UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 74 HGS If UNDER 1 YEAR IF UN
M WIDOWED DIVORCED	Oct. 30, 1870 Syrs Months Days Hours Min
10a. USJAŁ OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDU during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY
Retired Dye & Cleaner Clothin	g Troft Valley Pa. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Brown	Lavina McMullen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
77	ames Wright IIO South St
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	CONSET AND DEATH
4232 DUE TO 2	
Conditions, if any, which) (122022	i itilycrarchitis),.
gove rise to immediate couse (a), stating the under-	7
lying couse lost.	
PAW 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY
CAT	PERFORMED?, YES NO PT
OR CONTRIBUTING LI CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, form, 20f (City or town) (County) (Stote)
Hour e.m. 19 While Not work of work	ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from 24.2	5 , 19 54, to 54, 3 , 19 5 that I last saw the deceased
alive on CC - // 19 SE and that death	occurred of 1:30 M, from the causes and an the date stoted above
direction of the second of the	ADDRESS (Street, city or fown, stote) ADDRESS (Street, city or fown, stote)
SIGNATURE Colony 2 X 222 X	M.D. V 3 lolin. Cars Eccon l L. & 16/5/3
PHYSICIAN'S Clay E. Durrett 236 Virg	inia Ave.
220 BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY O Hillcrest E	
23. FUNERAL DIRECTOR'S SIGNATURE Cumberland, N	
James F. Scarpelli Cumberland,	DATE DET 8'59 Orthon & turns
	The state of the s



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 10902 Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY ALLEGANY MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) WLSTERNPORT WESTERNPORT d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS A. IS RESIDENCE ON A FARM? YES NO NO MARYLAND AVE MARYLAND AVE. 4. DATE Middle Month Year OF DEATH LEONORA L. OCTOBER BURNS 26 1959 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED T 9. AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS. 8 DATE OF BIRTH JUIN 25,1905 DIVORCED | WIDOWED [7] 54 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) CHIEF OPERATOR TEL. PIEDMONT. W. VA. WILLIAM F. BURNS ELIZABETH STUDD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 233-10-1139 MRS. FRANCIS HANNON INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) **DUE TO DUE TO**

20e. PLACE OF INJURY (Home, form, 20f (City or town)

factory, street, office bldg., etc.)

NO 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO TO 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED IEnter nature of injury in Part I or Port II of item 18.1

ā TO FUNER

be filed

1. PLACE OF DEATH

e. COUNTY

NAME OF

S. SEX

MEDICAL

alive on,

SIGNATURE PHYSICIAN'S

NAME (Type)

220. SURIAL CREMATION.

20c. TIME OF INJURY Month.

p. m

DECEASED

(Type or print)

13. FATHER'S NAME

FEMALE

ST. PETERS 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** PIEDMONT.W.VA.

Doy, Year

21. I certify that I attended the deceased from

20d. INJURY OCCURRED

Not while of work of work

> MAIN ST. KEYSER W. VA. 22c NAME OF CEMETERY OR CREMATORY CE.ETERY

22d LOCATION (City, fown, or county) WESTERNPORT.

10 weeks 19

and that dooth occurred of ITAM, from the couses and on the date stoted above.

(Stote)

[Slole]

DATE SIGNED

24g REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

ADDRESS (Street, city or lown, state)

DATE OCT 2 7 '59

arthur & House

(County)

.....that I last sow the deceased



V\$ A1S (4) 15M 10/S7 X

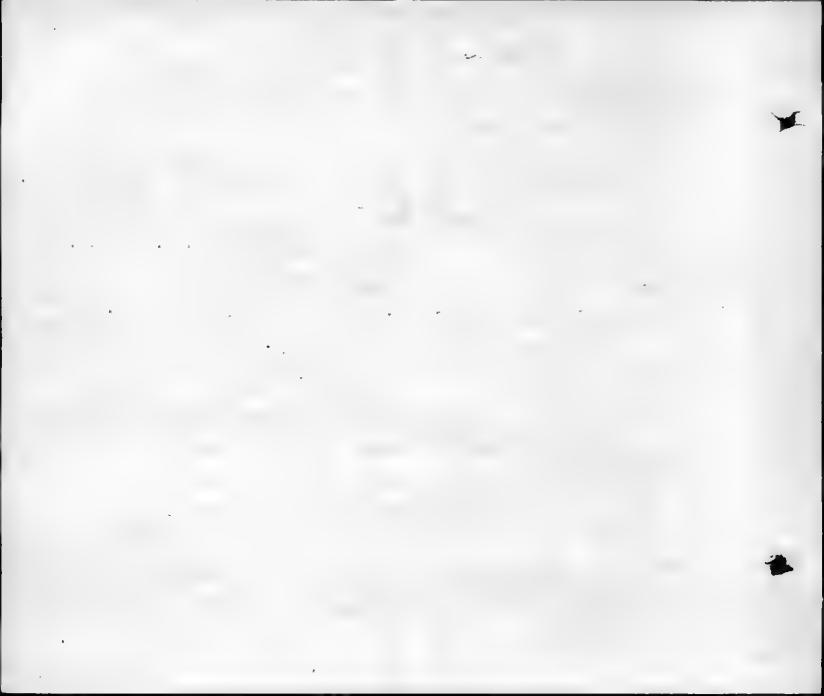
MARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE,	18
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10841

10914 CERTIFICATE OF DEATH

Rea. Dist. No.

40014			Reg. Di	ist. No.
n. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2 USUAL RESIDENCE (Who	ere deceased lived if institution Resider ind b. COUNTY Alle	gany
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	utside corporate limits, write RURAL and	give nearest lown)
Midlothian	lifetime	× [™] idlothia	n	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	address)	/ d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
NAME OF First DECEASED (Type or print) NARGARET	Middle	CECIL:	4. DATE Month OF DEATH 10	Day Yeor 28 19 59
F W WIDOWE	DIVORCED 🗖	2-25-1879	lost bishdoy) Months yrs.	Doys Hours Min.
10b USUAL OCCUPATION (Give kind of work done 10b, during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	r foreign country) 12. Cl	TIZEN OF WHAT COUNTRY
Housewife 0	wn home	Mineral C	ounty, W. Va.	U.S.A.
FATHER'S NAME		14 MOTHER'S MAIDEN NA	AME	
Frank T. Smith		Rebecca I	eatherman	
S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
No None	None Wi	Illiam Cecil	, widlothian, h	id.
Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	Arteri	o-Seld	losis	
PART H. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO
OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter noture of injury in Pa	art I or Part II of item 18.)	/
20c. TIME OF INJURY Month, Doy, Year 20d IN While p. m. 19 at work	Not while Pox	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	County) (State)
21. I certify that I attended the decease olive on 193	ond that death		M, from the couses and an to DORESS (Street, sity of Jown, state)	last saw the decease he date stated above DATE SIGNE
SIGNATURE WOME	une	M.D.	rostory	10001
PHYSICIAN'S NAME (Type) MODEL	Lane m	0	me	159
20. BURIAL CREMATION, 22b. DATE THEREOF BURIAL (Specify)	22c. NAME OF CEMETERY O	r CREMATORY Lemorial Par	22d. LOCATION (City, lown, or county)	(Stale)
	Funeral Home		BY REGISTRAR 246 REGISTRAR'S SH	GNATURE
A 11-1-11 161- 60 000	Main.Frostby	M/A		



П		MAKILANE	SIAIC DEPARTA	IENT OF HEALT	n-DAL	IIMOKE, I	0	100	4.0
l		40000	CERTIFICA	ATE OF DEATI	Н		Reg. Dist.	108	42
F	PLACE OF DEATH	10903		2. USUAL RESIDENCE (W	hara decense	d loved of materials			erion)
Г	a COUNTY	ALLEGANY	MARYLAND	o. STATE MARYL		b COUNTY		EGANY	_ ′
H	b. CITY OR TOWN (IF	outside corporate limits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF		rate limits, write RI			
	FROSTE		30 YRS.	FROST	BURG				
	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, give stree	t address)	d. STREET ADDRESS				e. IS RE	ESIDENÇE A FARM?
L	MINERS	HOSPITAL		129 M	T. PI	EASANT	ST.		□ NO 🛛
3	NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Моп		Day	Yeor
-	(Type or print)	ROBERT	E.	CONNOR	DEATH	OCT	_	7,	19 55
5	SEX		RRIED NEVER MARRIED	B. DATE OF BIRTH	000	9 AGE (In years lost highday)	Months Do	ays Hours	
1	MALE	WHITE widow	VED DIVORCED NOT		887	/E yrs.	12 6/1/26	11.05.48117	COUNTER
П	Lowing most of worki	no life, even if retired)	ELANESE CORP		or roreign c	puntry)		S.A.	
⊢	3. FATHER'S NAME	Ta Herber o	THE COLL	14. MOTHER'S MAIDEN	NAME		0	·D·M·	,
	JOHN	CONNOR				EWING			
			SOCIAL SECURITY NO	INFORMANT		Addr	ess		
ľ	Yes, no, or unknown) [1	f yes, give war or dates of service)	214-01-3730	HAROLD CON	NOR.	FROSTBU	RG. M	D.	
F	IB CAUSE OF DEA	TH [Enter only one cause per	line for (a), (b), and (c)]	47-				INTERVAL B	BETWEEN
	PART I. DEAT	H WAS CAUSED BY:	HE Keart 3	Factorie - 1	tour	ue buige.		ONSET AN	1 King .
	: 27,1	DUE TO							
	Conditions, if an		mysla com	K				102,7	132
	gave rise to in cause (a), stating t	DITETO	1 1					1/	
-	lying couse lost.) (c)						1	
TOTAL CATION	PART II. OTHI	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NONE	IINAL DISEAS	E CONDITION GIV	EN IN PART II	PERF	ORMED?
101	200 ACCIDENT WAS	INDERINING IT 20h DE	SCRIBE HOW INJURY OCCURRE		Port Lor Por	t II of item IR)		YES L	NO
4000	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	JUNE HOW HOOK! OCCORR	Le (Ellier Holore of Injury III	rgii i oi i oi	111 01 110111 10-7			
		· · · · · · · · · · · · · · · · · · ·	INJURY OCCURRED 200 Pt	ACE OF INJURY (Home, form	n, 20f (Cih	or town)	(Cou	unity)	(State
A CHANGE	20c TIME OF INJURY Hour o.m.	19 White	e Norwhile fa	ctory, street, office bldg., etc	c.)	X	, , ,		
	1		sed fram Z 4 N	5 10 5T ta	P.C.T.	_Z , 19 5%	Short I lost	saw the	decease
	alive on 20		. of	accurred at Sixe!	_				
	division division di) / .	- dia mar dean	deconed of 2 - 14 - 1		treet, city or town,			ATE SIGNE
	ACTUAL SIGNATURE	6 44.2 x 348.200	terzeen	M.D	BROAL	WAY			
	PHYSICIAN'S						_		
	NAME (Type)		HSTEIN, M. D		FROST				
2	2g. BURIAL, CREMAT OF REMOVAL (Specify) BURTAL		22c. NAME OF CEMETERY C			TION (City, fown, o		(Ste	ote)
	BURLAL	110-10-1959	IST. MICHAE	LIS CEMETER	V	TRACTE	TIRC I	MT	

CEMETERY

24g, REC'D BY REGISTRAR DATE OCT 1 3 '59

ST. MICHAEL'S

FROSTBURG, MD.

FROSTBURG MD.

AR 246. REGISTRAR'S SIGNATURE

Orthur Sottimus

VS ATS (4) TSM 9/SB

23. FUNERAL DIRECTOR'S SIGNATURE

J. R. DURST.



certificate

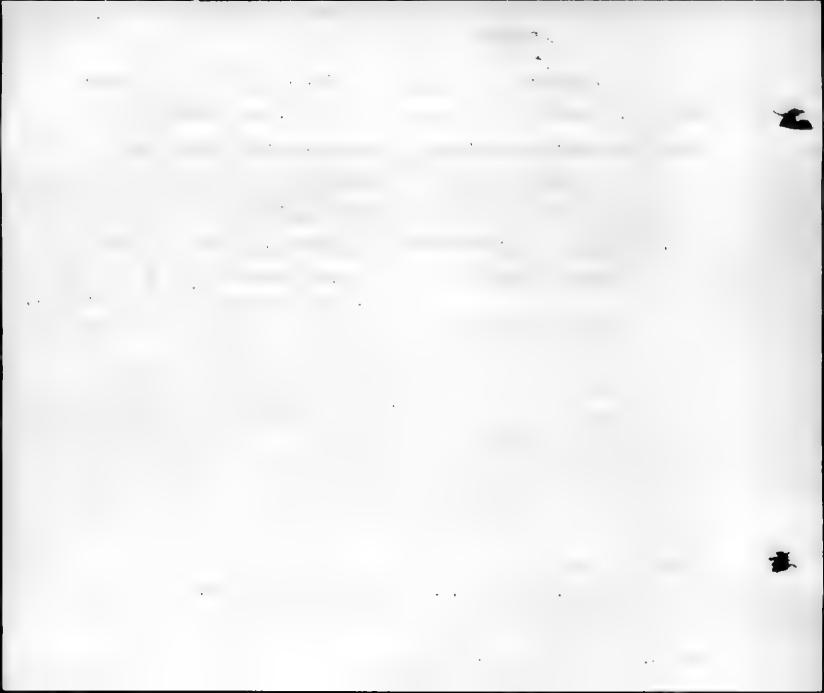


VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10015 CEPTIFICATE OF DEATH

	70219	CERTIFICA	AIL OI DEAII		Reg. Dist. No.
1. FLACE OF DEATH			2. USUAL RESIDENCE (Who		tion: Residence before admission)
0 COUNIT	Allegany	MARYLAND	= STATE Marylan	d. COUNTY	Allegany
	Allegany (If outside carporate limits, write	c. LENGTH OF STAY IN 15	77		RURAL and give nearest town)
RURAL ond give i	Cumberland	wa a wa	Pubal	near Cumberl	and
d. NAME OF HOSP	ITAL (If not in hospital, give street of	years oddress)	/ d. STREET ADDRESS	near vamper i	e, IS RESIDENCE
			7 4 7	#50 03.34.	Dona FARM?
NAME OF	30x #72 Oldtown			#72 Oldtown	1.020
DECEASED	First	Middle	Last	OF	nth Day Year
(Type or print)	ELWOOD		CRABTREE	DEATH October	
. SEX	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years last birthday)	Months Days Hours Min
Male	White WIDOWE	D DIVORCED	January 1, 18	84 75 yrs	
during most of wa	ION (Give kind of wark dane 10b rking life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State of	or foreign country)	12 CITIZEN OF WHAT COUNTR
Ret. Yardı		0 Railroad	Oldtown.	Maryland	UBA
L FATHER'S NAME	III.	THAT THE TANK	14. MOTHER'S MAIDEN N		- Markey
	I		T24- M	-1	
	Ioseph Crabt. ER IN U. S. ARMED FORCES? [16.		Lydia Mor	Rt. 44	reBox #72 Oldtow
Yes, no, or unknown)	(If yes, give war or dates of service)			ahtree Road	Cumberland, Md
			De Del One Ol		12 770
	ATH [Enter only one couse per lin	e for (o), (b), and (c).]	1		INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	-6	62626 336	12 66	(- 2- je
4.			P .1	>	
Conditions, if	any, which	elefect z	Cho 2-2 0 1	V'28127	
gove rise to	immediale (0			
lying couse last	the nucei-		220000	Leta	311
	: (c) (c) (THER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	T NOT PELATED TO THE TERM	NAI DISEASE CONDITION OF	VEN IN PART 1(0) 19. WAS AUTOPS
2	THE STOCKTOCKET CONTROLLORS C	DITINIOUNING TO DEAM BU	THO RECALLS TO THE LERMIN	ANT DISTAGE CONDITION O	PERFORMED?
00 46000000		Contract to the contract of th	F. 45	and a Part III of a last	YES NO
PART II. OT	/AS UNDERLYING ☐ 20b DESC G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	KIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in P	orr or Port II or Item 18)	
		MINION OFFICIALES	LACE OF INTRIBY (III	Teas (et)	45
20c. TIME OF INJU			LACE OF INJURY (Home, form, iclary, street, affice bldg., etc.		(County) (Star
p. m.	10	at work			
21. I certify t	hat I attended the decease	ed from	1955 to C	C+ 4/ 195"	that I last saw the deceas
alive on	Tex - 7/ 19	2/			nd on the date stated aba
3,110 311		, did mar dean		LDDRESS (Street, city or town	
ACTUAL	12/2 3ml	lower It.		1	1 / //
SIGNATURE	Cercy CX		M.D. 73666	date of the second	(10)
PHYSICIAN'S NAME (Type)	Clay E. Durrett	M.D.	2 5 6 Virgi	nia Ave. Cun	berland, Maryla
	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY	22d. LOCATION (City, tawn,	or county) (State)
REMOVAL (Specify	Oct 7, 1959	Hillcrest B		Cumberland	
3. FUNERAL DIRECTO	1	ADDRESS			ISTRAR'S SIGNATURE
	fer, Cumberland				4 .
onn o. na	101; Oumber Rotte	.,	DATE (1)	T 8 '59 O	riling & Kraus



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1004-

2 0 '59

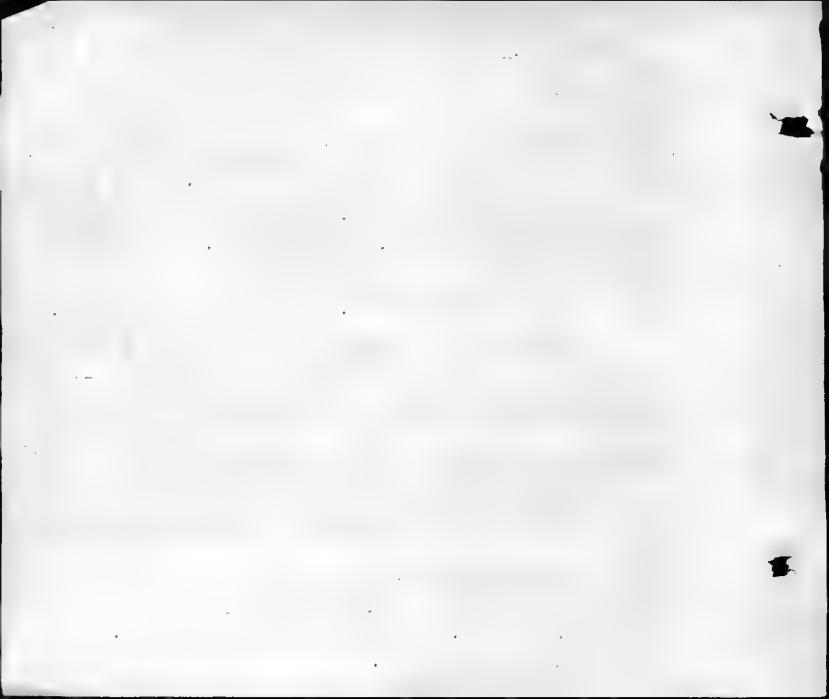
DATE

Cirilma S. France

	10855 M	EDICA	L EXAMINER	'S CERTIFICA	TE OF D	EATH	Reg. Dist. No	10840
I, PLACE OF DEAT	ТН			2 USUAL RESIDENCE	Where deceased			
a. COUNTY A	llegany		MARYLAND	o. STATE Mary.	land	b. COUNTY	Allega	ny
b. CITY OR TOW	VN (It autside corporate limits, wr	re BURAL	c. LENGTH OF STAY IN 16	E CITY OR TOWN	If outside corpora	· · · · · · · · · · · · · · · · · · ·		70 70 300 700
	rland		25 vears	J & Cumber	rland			
d NAME OF HO	OSPITAL OR INSTITUTION	(If not in hosp	ital, give street address)	d. STREET ADDRESS				. IS RE IDENCE
505 D	ecatur Str	eet		' 505 D	ecatur	Street	-	YES NO
3. NAME OF		irst	Middle	Last	4. DATE	Month		Yeor
(Type or print)	PAU	Τ.		DEAN	DEATH ()	ct. 17	7.	19 5
5. SEX	6. COLOR OR RACE		NEVER MARRIED	The second secon	9	AGE (In years	IF UNDER TYEAR	IF UNDER 24 F E
Male	White	WIDOWED	DIVORCED [Nov. 5.190		5 / y/s	Months Days	Hours Min.
100. USUAL OCCU	PATION (Give kind of work	dona 105 KI	NO OF BUSINESS OR INDU			-/ At	12 CIT ZEN O	L I F WHAT COUNTR
Offic	rorking life, even if retired) :e Worker	cela	anese Corp.	Frostbi	urg, Md		USA	Δ
13. FATHER'S NAM				14. MOTHER'S MAIDEN			1. 001	1
Jo	hn Dean			Rose Bar	rtolon			
15 WAS DECEASE	DEVER IN U.S. ARMED FO	DRCES? 16 5	OCIAL SECURITY NO. 17	INFORMANT		Address		_
NO	Iff yes, give war et dates o	(T service)	7 10 4210	Mrs. Pauli	ne Beck		erland	. Md.
	DEATH [Enter only one co	ouse per I ne fe		man to a 1 Countries	TO DOOM	Cum	mg as all	LYLCL &
I I	DEATH WAS CAUSED BY:	00	RONARY OCCI	TICTON				TITOTO CONT
000	IMMEDIATE CAUSE (MONHUT OCCI	TOPTON				UDDEN
14 20.	16 A 1.1 A		CORONARY S	ALL MADOCIEC				
	if any, which (the mmediale cause)		COLOMNYT F	CTEWODIO				
(a), stoling l	the underlying DUE TO							
		I). NDITIONS COL	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	ADNAL DISEASE CA	NOTION CIVI	Chi In: PART 1/-11	O WAS AUTOBOV
6	, omen morni, carri co	751116110 (TO RESPUED TO THE TERM	MINUT DIRECTOR CA	JI 1011 011		PERFORMED?
200. EXTERNAL	L CALISE WAS	WK DECCRIBE	HOW IN THE TOTAL TERED	(Enter nature of to traver to the	at the Base Host S	18.5		AEP INO [X
CAUSE OF DE	r CONTRIBUTING 🗀 🗼	OU DESCRIBE	HOW INJURY OCCURRED	Comes notione of inforty in re	CE LOF PORT II OT I	rem 16 }		Х.
20c TIME OF Hour	INJURY Month, Day, Ye		IJURY OCCURRED 20e. PL	ACE OF INJURY (Home, for	m. 20f. (City or	lown)	(County)	(Stote)
Hour e). m.). m.	White at war	Not while	ctory, street, affice bldg., etc	-1			
21 I certif	y that I took charg	e of the re	emoins described ob	ove, held on Autop	sy [], Insp	ection 📆,	Inquiry 😯	, and in my
	·		ouses 📆 . Accident		Homicide [mined monne	
	0	, 0	1 - 1					DATE CICATED
ACTUAL SIGNATURE_	Devedic	1-01	Marely L	M D CHIEF MEDICAL E	XAMINER [DATE SIGNED
EXAMINER'S				ASSISTANT MEDIC	CAL EXAMINER]		
NAME (Type)	BENEDICI	SKIT	ARELIC M.I	DEPUTY MEDICAL	EXAMINER 4	OCTO	BER 17.	1959
270 BURIAL, CREM	ATION 226 DATE THERE	OF 2	22c. NAME OF CEMETERY O	R CREMATORY		N (City, town, o	r county)	(State)
Burial	0ct.20	,1959	St. Michael	ls Cemetery	Fro:	stburg	, Md.	
23 FUNERAL DIREC	CTOR'S SIGNATURE		ADDRESS	240 REC			TRAR'S SIGNATUR	RE

Cumberland, Md.

Byron Kight



VS A15 (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10846

0856 CERTIFICATE OF DEATH

Rea.	Pot . a	D. 6
Kea.	DIST.	No.

			Reg. Dist. No.
1 PLACE OF DEATH o. COUNTY A LLEGANY	MARYLAND	2 USUAL RESIDENCE (Where decear o. STATE PENNSYLVAN	sed lived. If institution Residence before admission) A b. COUNTY Bodding
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) CUMBERLAND	E. LENGTH OF STAY IN 16	c CITY OR TOWN (If autside cor BEDFORD	porate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street of NEMORIAL HOSPITAL	oddress)	d. STREET ADDRESS RT • #3	Beefford S RESIDENCE ON A FARM? YES NO DE
3 NAME OF DECEASED (Type or print) First INE Z	Middle E •	DICKEN 4. DATE OF DEAT	
S SEX 6. COLOR OR RACE 7. MARRI FEMALE WHITE WIDOWE	TO CHARACTER WARKED	B DATE OF BIRTH JULY 30 , 1888	9. AGE (In years IF UNDER 1 YEAR 1F UNDER 24 HRS Manths Days Haurs Min
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) HOUSEWIFE	KIND OF BUSINESS OR INDU	STRY 11 SIRTHPLACE (State or foreign PENNSYLVANIA	Country) 12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME	
WILLIAM ROHRABAUGH			WISE
IS WAS DECEASED EVER IN U. S. ARMED FORCES? [16. 9] [Yes, no, or unknown] [If yes, give wor or dater at service]		MEMORIAL HOSPITAL	WARWICK REMEMORIAL AVENUE - CUMBERLAND, MARYLAND
18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Candilions, if ony, which gove rise to immediate couse (a), stating lihe under- lying cause lost. C PART II. OTHER SIGNIFICANT CONDITIONS C	Corniar	Infare to	INTERVAL BETWEEN ONSET AND DEATH ASE CONDITION G VEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS C 200. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or P	PERFORMED? YES NO O
	Not while for	ACE OF INJURY (Hame, farm, 20f (Catory, street, affice bldg., etc.)	ity ar town) (Caunty) (Slate)
21. I certify that I attended the decease alive an	and that death		n the causes and an the date stated abave. (Street, city ar tawn, state) DATE SIGNED
220 BURIAL, CREMAT ON. 226 DATE THEREOF BEMOVA. Specific 10/9/59	22c. NAME OF CEMETERY O	R GREMATORY 22d LOC	CATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE!	ADORESS Leval.	MA 24g. REC'D BY REG	159 Calling & House



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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 * O MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.											
4), P	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)								
	•	Allegany MARYLAND	o STATE Maryland b. COUNTY Allegany								
	Ь	CITY OR TOWN Iff outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 and give negral (bown)	c. City OR TOWN (If outside corporate timits, write RURAL and give nearest town)								
		Cumberland,	X Barrellsville, Rt. # 1 Mt. Savage								
2	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street oddress)	d, STREET ADDRESS . IS RES DEN TE								
		D. O. A. Sacred Heart Hosp.	Along State Rt. # 47								
		NAME OF First Middle DECEASED Type or print) CTYTE	DIEHT OF Month Doy Year DEATH October 30 1950								
	5. 5	8. DATE OF RIPTH 19 AGE (In year) IF UNDER TYPER IF LINDER 24 HPS									
	5. SEX Nale 6. COLOR OR RACE 7. MARRIED										
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1), BIRTHPLACE (State or foreign country) 12 CITIZEN C											
1		oring most of working life, even if retired) on worker. Rodman Construction	Little Orleans, Md. U. S. A.								
		FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
\		Henry D. Diehl	Pearl E. Twigg								
/		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address								
	₹¥æs,	No. 111 yes, give war or dotes of services 217-07-673	Mrs. Anna. L. Diehl Rt. # 1 Mt. Savage								
		18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c)]	INTERVAL PETWEEN ONSET AND DEATH								
	- 1	PART I. DEATH WAS CAUSED BY: Coronary Occlusion sudden									
		14 1. N DUE TO									
		Conditions, if ony, which) (b) Coronary S	Sclerosis								
gove rise to immediate couse o), stating the underlying DUETO											
		couse last. (c)									
	Z Q	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?									
	YES NO TO										
	CERTIFICATION	FRIMART LI OF CONTRIBUTING ET	(Enter nature of injury-in Part I or Port If of item 18.)								
		CAUSE OF DEATH.									
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PL	ACE OF INJURY (Home, form, 20f (City or town) (County) (State) tary, street, office bldg., etc.) [-								
	ME	p. m. 19 at work [of work []									
		21. I certify that I taak charge of the remains described about	ave, held an Autapsy 🔲, Inspection 📉, Inquiry 🔯, and in my								
		opinian death resulted fram: Natural causes XX. Accident . Suicide . Homicide . Undetermined manner									
		2 14 804 11	BATE MANUA								
		SIGNATURE DENEACT SKITATELE M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED									
41		EXAMINER'S	ASSISTANT MEDICAL EXAMINER								
Copie		NAME (Type) Benedict Skitarelic, M.D.	DEPUTY MEDICAL EXAMINER October 30, 1959								
	220	BURIA. CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OF									
		Burial 11/3/59 Davis Memor	ial Cemetery Cumberland, Maryland								
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE								
		H. Wayne George Cumberland, Md.	PARE) V 2 159 CLILLE 8 40								



3858	CERTIFICATE (DI

Reg. Dist. No. 10845

Allegany b. CITY OF TOWN (if cutible corporate limits, write cutoffind of STAY in 1b RURAL and give nearest lown) Cumberland d NAME OF HOSE TAL (if not in hospitol, give street address) ON ASSETTATION OF THE STAY OF THE		1. PLACE OF DEATH a. COUNTY				2, USUAL F		ere decease	d lived. If instituti		e befare adn	nission)
RURAL and give inecreat town) CumborLand d NAME OF HOSP TAL (if not in hospitol, give street address) OR INSTITUTION Sacred Heart Hospital 4 STREET ADDRESS ON A FARMY YES ON TY ON THE NOTICE ON THE UNITED THE AVE ON A FARMY YES ON TY ON THE ON THE ON T	×		any		MARYLAND	0.01.01		yland	B. COUNT	Alleg	gany	
ON NAME OF HOSP TAL (If not in hospitol. give street address) ON INSTITUTION Sacred Heart Mospital Address First Middle Lost Lost ANTE Dorsey First Doy Year 10 18 1959 S. SEX 6 COLOR OR RACE Middle Lost Lost DORSEY First Doy Year DOSSEY Address First Doy Year DOSSEY S. SEX 6 COLOR OR RACE MIDOWED DIVORCED LO-17-1901 S. ACE SETTIMORY Months Doys Hours Min DOYS Hours No INFORMANI Address PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Jying couse lost. (c) PART II. DEATH WAS CAUSED BY: PART II.		RURAL ond give neg	rest tawn)	write c LEN			_ `			URAL and g	ive nearest to	own)
OR INSTITUTION Sacred Heart Vospital 1.5) Pine Ave ONA FARM? Test Noty T				s street orldress)	21 days			erland	2		1. 18 1	PECIDENCE
AMAKE OF STREAM OF PICH Middle Lost Month Doy Year 18 1959 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In year International Plants 1959 10. USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY 10. USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY 10. USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY 10. USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY 11. MOTHER'S NAME 14. MOTHER'S MAIDEN	,	OR INSTITUTION				J SIKE		40.4			10	A FARM?
DOTSEY DEATH 10 18 1959 1				Hospiral		<u> </u>		T			1 163	
S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In year) FUNDER 1 YEAR IF UNDER 24 HBS 100 USUA. OCCUPATION (Give kind of work done during most of working life, even if retired) DIVORCED		DECEASED				7		OF				
Name District Di				- 7/		Y		DEATH	ale.		mp. Cr	
100 USUAL OCCUPATION (Give kind of work dane) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?				_					last birthday)			
Dutcher Dwn Restaurant Marvland Cumberland U.S.A.			Volumed 1						1/	10.61213	75310534411	T.COLINITOWS
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address INFORMANT INFORMANT Address INFORMANT Addr	1	during most of working	ig life, even if retired)	ne 10b. KIND Q	F BUSINESS OK INDU	151 KT 11, BIRI	HPLACE (Stole	ar roreign o	country)	12, CITI2		
S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address				_Own_Re	staurant	14			Cumberla	and	U.S.	A
IS. WAS DECEASEDEVER IN U. S. ARMED FÖRCES? [16. SOCIAL SECURITY NO. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN N PART I (a) IP WAS AUTOPSY PERFORMED? YES NO [2] OR CONTRIBUTING CAUSE OF DEATH COUNTY MAS UNDERLYING OR CAUSE OF DEATH OR CONTRIBUTING CAUSE (b) TO CONTRIBUTING CAUSE (c) OR CONTR	V	13. FATHER'S NAME				14. MOTH	ER'S MAIDEN N	IAME				
Test, no, or unknown (if yes, give wor or dates of services) 212-12-8511 Pt. 0s Chart	Л			1			a .P.	Tap				
18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c) PART I. DEATH WAS CAUSED BY:					SECURITY NO.				Add	ress		
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO		no		212-12	-8511	Pt. os	Chart					
PART I. DEATH WAS CAUSE OF LEALER DELICATION (b) DUE TO Conditions, if ony, which gove rise to immediate couse (a), storing the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I.(a) 19 WAS AUTOPSY PERFORMED? YES NO [D] 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER; 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work of two work (County) (Stote)				e per line for (a	(c)]	11 01	1					
Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN N PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO [D] 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER; 200 TIME OF INJURY Month, Doy, Year 200 INJURY OCCURRED While Not while of work of work of work (Stote)		PART I. DEAT	H WAS CAUSED BY: MMEDIATE CAUSE {o}_	Ven	reker 1	Lell	Me				5	401
Gove rise to immediate couse (a), storing the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEAS CONDITION GIVEN N PART I (a) 19 WAS AUTOPSY PERFORMED? YES NO DECLIFIED THE CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER; 20c ACCIDENT WAS UNDERLYING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER; 20c TIME OF INJURY Month, Doy, Year Hour a.m. 19 OF Work of work Country Street, office bidg., etc.) 20c TIME OF INJURY Month, Doy, Year of work of wo		260X	DUE TO	71/	7-4	_			151	2	12/	1 6
Couse (a), stoting the under- DUE TO ying couse lost. (c)		Conditions, if on										
Iying cause lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN N PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO [D] 19 WAS AUTOPSY PER						7		1	7	. /		
OR CONTRIBUTING CAUSE OF DEATH OF COUNTRY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 OF MACE OF INJURY (Hume, farm, fociory, street, office bidg., etc.) OF CONTRIBUTING CAUSE OF DEATH OF COUNTRY (Hume, farm, fociory, street, office bidg., etc.)	ı		(c)_							1		
OR CONTRIBUTING CAUSE OF DEATH OF COUNTRY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 OF MACE OF INJURY (Hume, farm, fociory, street, office bidg., etc.) OF CONTRIBUTING CAUSE OF DEATH OF COUNTRY (Hume, farm, fociory, street, office bidg., etc.)		PART II. OTHE	R SIGNIFICANT CONDI	TIONS CONTRIB	UT NG TO DEATH BU	T NOT RELATE	TO THE TERMI	NALD SEAS	CONDITION GI	EN N PART	1(a) 19 WA	AS AUTOPSY
OR CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH		LCAI										
6 04 50 18 50		OR CONTRIBUTING	CAUSE OF DEATH	Ob. DESCRIBE HO	OW INJURY OCCURRE	ED. (Enter natu	re of injury in f	Part I or Pa	rt II of item 18.)			
6 04 50 18 50		20c. TIME OF INJURY	Month, Doy, Year						y or town)	{⊂	ounty)	(Stote)
9-74 -40 -18 -40		Hour o.m.	19		or while	iciory, sireei, c	Trice bing., etc.	1				
21. I certify that I attended the deceased from 7 6 1, 19.77, to 7 0, 19.77 that I last saw the deceased		21. I certify the	t Lattended.≱he d	leceased fro	m 9-7	27 19	F1 10.5	10-	18 195	that I la	st saw the	deceased
alive on 10-18-, 19 79, and that death accurred at 0 PM, from the causes and an the date stated above.			10-18-	5/1		h occurred	01/07	M. fram				
ADDRESS (Street, vity or town, State) / DATE SIGNED			100	7					Street, scitures town.	State)	gale stat	ATE SIGNED
SIGNATURE DE VI TOLINA A MO 16 Marcel of trudegland Wet 10-2		ACTUAL	J. Jal	IIVA	0	40 1/a	Moor	.00	Of Tund	Lecla	ed We	A 10-224
	1	1	727			W	71		~ KA			
PHYSICIAN'S NAME (Typo) 1 1 Datieson DM. 1, 16 Grey of Congress land, 14	1	PHYSICIAN'S NAME (Type)	· V. Dah	rexor	M.	[/,/	dete	40	M lu	uel o	Maa	ed. Illa
22a. BURIAL, CREMATION, 22b. MATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)		22a. BURIAL, CREMATION	22b. ATE THEREOF	22c. N	IAME OF CEMETERY	OR CREMATOR	Y /	22d. LOCA	TION (City, town,	or county)	(5	itote)
Burial Oct 22, 1959 Woodlawn Hurial Park Cumberland, Maryland			Oct 22.	1959 Wo	adlawn B	rial F	A TOPE	Cumb	barland	Manuel	and	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR'S SIGNATURE			SIGNATURE									_
John J. Hafer, Cumberland, Maryland DATE OCT 26'59 Cuther S. House		John J. Haf	er. Cumber	land. M	larvland		DATEDO	T 2 6 '5	19 an	thur S. 1	France	

death. Page 4 may be retain. The haspital at attending physician.

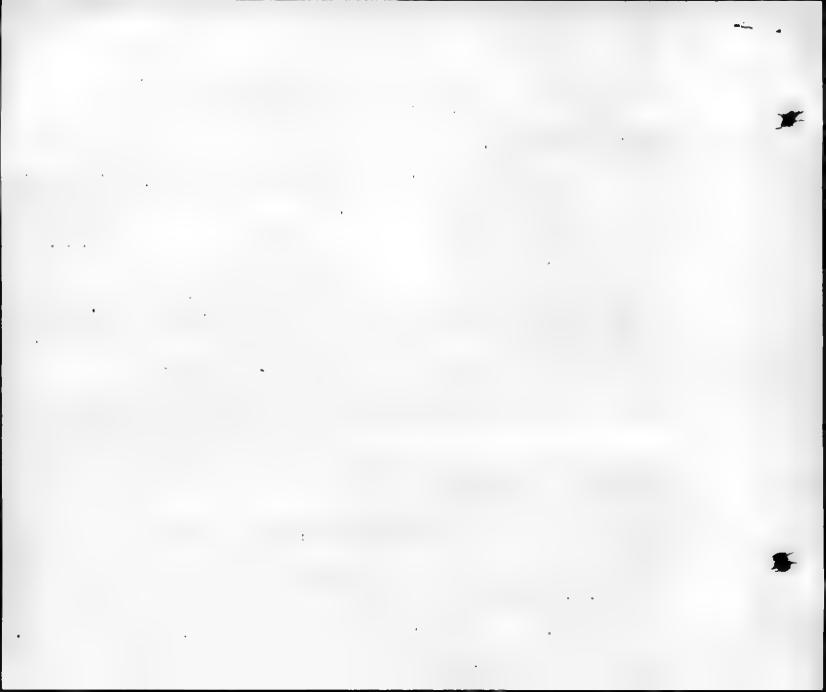
TO FUNERAL DIMINOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, mematian, ar remainal, and in any event within 72 hay are often death.

War.

TO HOSPITAL OF TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

VS A1S (4) 1SM 9/SB





TO HOSPITAL OR

VS A1S (4) 15M 9/58

CERTIFICATE OF DEATH

10860	CERTIFICA	ATE OF DEATH	l	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY All egany	MARYLAND	a. STATE	ere deceased lived If institution b. COUNTY	on: Residence before admission)
b CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) Cumberland	c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	uside corporote limits, write R	(URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street institution Sacred Heart Hos	,	d. STREET ADDRESS	aft Place	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Edith	Middle V.	Glover	4. DATE Mon OF DEATH	4
	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	lost birthdoy)	FUNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired) Housewife	Own Home	STRY 11, BIRTHPLACE (Stote		12. CITIZEN OF WHAT COUNTRY
Andrew Daws	on	14 MOTHER'S MAIDEN N	Leanna Sl	hepherd
(If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	INFORMANT	Add	ress
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) Conditions, if ony, which gove rise to immediate DUE TO DUE TO DUE TO	Ine for (o), (b), ond (c)] CARCINOMA LU	JNG		INTERVAL BETWEEN ONSET AND DEATH ??
PART II. OTHER SIGNIFICANT CONDITION 20g. ACC DENT WAS UNDERLYING [] 20b. D OR CONTRIBUTING [] CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER	11 0 0:	me - Anteni	0 5 6 (onos13	VEN N PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
A Hour o. m. Whi	E.	ACE OF INJURY (Home form, clory, street, office bldg., etc.		(County) (State
21. I certify that I attended the decedrative an 10.31.59 , 19 ACTUAL SIGNATURE William Y		accurred at 7:00		,
PHYSICIAN'S NAME (Type) Dr. W.P. Iam 220. BURIAL, CREMATION, 22b. DATE THEREOF	4		RLAND, MD.	
Buria 1 11-3-1959	Rose Hill	Cemetery	Cumberland	d, Md.
James F. Scarpelli,	Cumberland, M			STRAT'S SIGNATURE Diviling St. Hims.



l director, filed with

þe

ofter

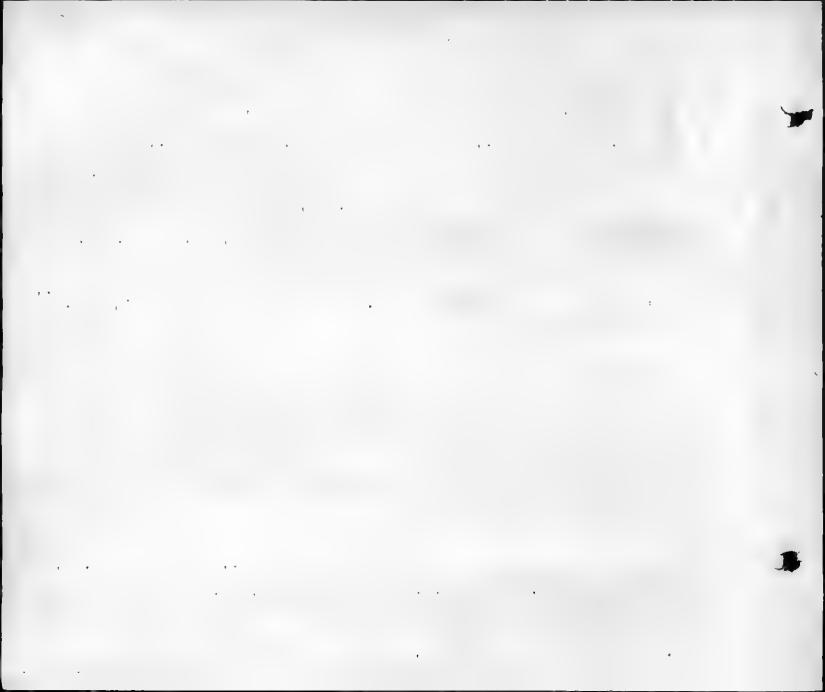
he has been signed buriol-transit perm

8

FUNERAL DIR

VS A15 (4)

15M 10/57



ADDRESS

Marylan d

Cumberland

24g REC'D BY REGISTRAR

DATE

OCT 2 3 '59

24b. REGISTRAR'S SIGNATURE

arthur & Kenter

ASY TO HOSPITAL Moy be retained to the second of the secon

23. FUNERAL DIRECTOR'S SIGNATURE

Ruth E. Silcox

death. Page

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours d



VS A15 (4)

1SM 10/57

1. PLACE OF DEATH a. COUNTY

> Allega b. CITY OR TOWN

RURAL and give r Frostb d. NAME OF HOSPI OR INSTITUTION

Miners

3. NAME OF DECEASED

5. SEX

CERTIFICATION

(Type or print)

10o. USUAL OCCUPATION during most of war Retired

13. FATHER'S NAME

Martin

Conditions, if a gove rise to cause (e), stating lying couse last

PART II. OT

IS. WAS DECEASED EVE

No 18 CAUSE OF DEA PART I. DEA

		STATE DEP			HEALTI DEATI		TIMORE,	18	1	085	3
	000	4	II ICF	2 USUAL R	RESIDENCE (WI		d lived. If institu		Dist. No		00)
nv		MAR	YLAND	o. STATE	Maryl	and	b. COUNT		egai	nΨ	
If outside carparate limits, earest town)	, write	c. LENGTH OF STA	Y IN 1b	c. CITY (OR TOWN (IF	outside corpo	rote limits, write				1)
urg		Lifetime	9	Fre	stbur	g					
TAL (If not in hospital, giv	e street o	ddress)			ET ADDRESS	•				e. IS RES	FARM?
Hospital				35	West	Colle	re Ave	nue		YES 🗌	
First		Middl	e		Last	4. DATE	Mo	nih	Do	у	Year
CHARLES		MARTI	N	HAR	PIG	DEATH	Octo	ber	1.0	0	1959
	7. MARRI WIDOWEI		الهر	8. DATE OF 8	.1881 -1881		9. AGE (In years last birthday)	Months	Doys	Hours	Min.
N (Give kind of work do	ne 10b. I	IND OF BUSINESS	OR INDU:			ar fareign co	7.0		ITIZEN C	E WHAT	COUNTRY
king life, even if retired) utcher	M	eat busi	nes	g Fr	rostbu	שיר			II.	S.A.	
		0.00			ER'S MAIDEN I	The second second			0.01	<u> </u>	
Hartig				Ce	theri	ne Di	lfer				
R IN U. S. ARMED FORCE		OCIAL SECURITY NO). 17, fl	NFORMANT				dress Pr	os ti	פיונונ	, Md.
None		None		liss F	Emma H	artie		Col	lage	Av	enue
TH [Enter only one cous	se per lin	e for (a), (b), and (c)].]			4		,	INT	ERVAL BE	TWEEN
TH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	He	bente	ne	22211	, Ca	idio	- bas	cula	A ON:	SET AND	DEATH
DUE TO	1	7				Λ	3			4 4	<u> </u>
ny, which) (b)_						de	calas		15	4-5	9/1
mmediate DUE TO			*	13						0	1
(c)_		Jen	<u>l</u>	My	· · · · · · · · · · · · · · · · · · ·						.,
HER SIGNIFICANT CONDI	ITIONS <u>C</u>	ONTRIBUTING TO DI	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o) 1	P WAS / PERFO YES [ALTOPSY RMED?
S UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINERS	Ob. DESC	RIBE HOW INJURY O	OCCURRE	D. (Enter natur	re of injury in	Part I or Port	II of item 18.)				
Y Manth, Day, Year	20d. IN	JURY OCCURRED	20e. PL/	ACE OF INJUR	Y (Hame, form	20f (City	or tawn)		[County]		(State)

206. ACCIDENT WA

HE EITHER, NOTIFY

MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f (City or tawn) factory, street, affice bldg., etc.) Hour o. m. While Nat while at work Nat while p. m.

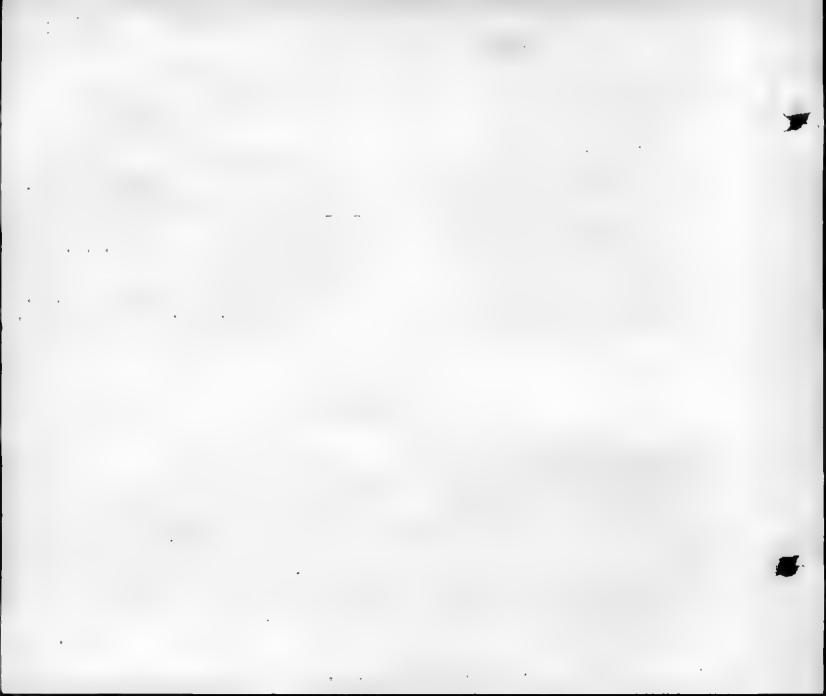
1959, that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at $\frac{2P_i}{P_i}$ _M, from the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220. BURIAL CREMATION. 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (gity, town, or county) (Stote) REMOVAL (Specify) Park Frostburg Memorial Md

23. FUNERAL DIRECTOR'S SIGNATURE Funeral 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

DATECT



VS A15 (4) 1SM 9/SB

10854

	70209				Reg. D	Jist. No.
PLACE OF DEATH			II A STATE	Where deceased lived.	ATT ATT A A A A A STORE A	
L CITY OF TOWARD	ALLEGANY	MARYLAND		CTIVID	AL	LEGANY
RURAL ond give no	If outside corporate limits, write earest town	50 YRS		lf outside corporole limi STBURG	its, write RURAL and	f give nearest town]
d. NAME OF HOSPIT	AL (If not in hospital, give street		d. STREET ADDRESS			e, IS RESIDENCE
OR INSTITUTION MINE	RS HOSPITAL		66 V	V. COLLEGI	E AVE.	ON A FARM?
3. NAME OF DECEASED (Type or print)	JOHN First	Middle A •	HITCHINS	4. DATE OF DEATH ()(OT.	11, 19 59
5. SEX		RIED 🚺 NEVER MARRIED 🔲	B. DATE OF BIRTH	- fost l	(In years IF UNDE birthdoy) Months	ER I YEAR IF UNDER 24 HR
MALE	WHITE WIDOW			383 76	6 yrs.	
during most of work	ON (Give kind of work done 10b king life, even if retired)				12. CI	ITIZEN OF WHAT COUNTR
RET STORE	EROOM CLERK	KELLY-SPG. 1	TRE MA	ARYLAND		U.S.A.
JOHN	UTTOUTNO					
C WAS DECEASED EVE	HITCHINS R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	SALI	TE DUOMI	Address	
[Yes, no. or unknown]	(If yes, give wor or dotes of service)	- 00 - 1	RS. RACEHI	L DUNN, FR	ROSTBURG	, MD.
PART I. DEA 4442 × Conditions, if o gove rise to it couse (o), stoling tying couse lost.	mmediate DUE TO	terdio -)	assular ease	Ren	al,	INTERVAL BETWEEN ONSET AND DEATH
icatic	HER SIGNIFICANT CONDITIONS					PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING [] 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	in Part I or Port II of ite	em 18.)	
ZOc. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year 20d. I While of wor	Not while fo	ACE OF INJURY (Home, for ctory, street, office bldg.,	orm, 20f. (City or town	1)	(County) (Slot
21. I certify the alive on	of lattended the decession 19:	sed from that death	n occurred at SE	PM, from the co	ouses and on th	last sow the deceose the dote stoted obove DATE SIGNI
PHYSICIAN'S NAME (Type)	W. O. McLAN	E, M. D.	FF	ROSTBURG,	MD.	
220. BURIAL, CREMATIO 	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (C	ily, yown, or county) (Stote)
BURIAL	Oct. 14 '59	IS DOE LIBITAL	RIAL PARK	FROS	STBURGA	MD.
23. FUNERAL DIRECTOR'		ADDRESS	24a. RI	EC'D BY REGISTRA	Abhar RAR'S S	SIGNATURE
J. R. I	DURST, FR	OSTBURG, MD.	DATE	T 1 5 150		1.0

PATECT 1 5 '59

Called & K

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A1S (4) 1SM 9/SB

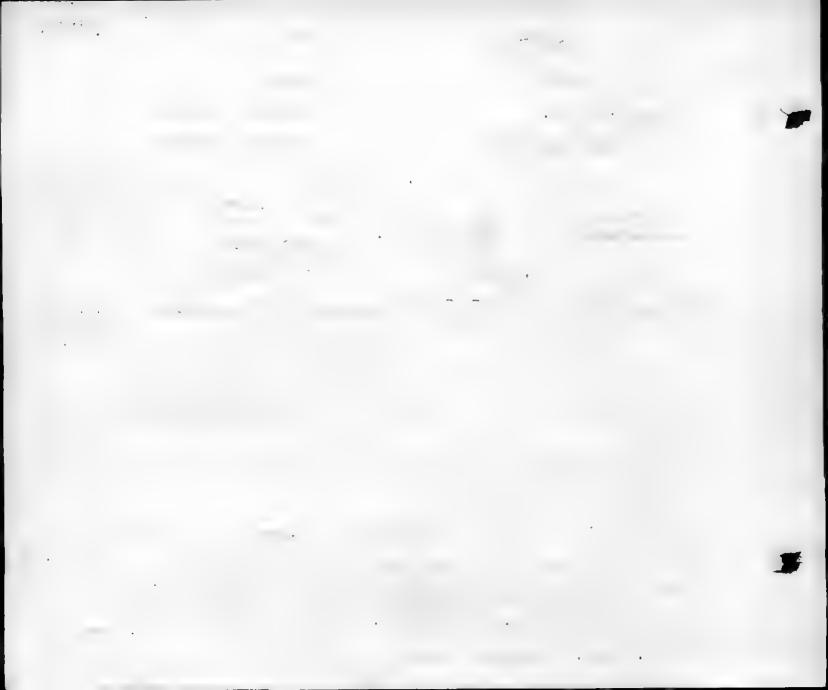
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death. Page 4	director, ed with	4
death.	y the funeral director, 2 should be filed with	j
N O	y the 2 shou	06

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10855

10863	CERTIFICA	ATE OF DEATH	4 .	Reg. Dist. No.
1. PLACE OF DEATH O COUNTY ALLEGANY	MARYLAND	2 USUAL RESIDENCE (WAS 0. STATE	b. COUNTY	ion Residence before admission)
	LENGTH OF STAY IN 16		etside corporate limits, write l	
CLIMBERLAND MD. d. NAME OF HOSPITAL (If not in hospital, give street add	I_DAY	CUMBERI d. STREET ADDRESS	AND, MARYLAND	e. IS RESIDENCE
OR INSTITUTION MEMORIAL HOSPITAL		ROUTE	#4. UHL HIGHWA	ON A FARM? YES INO IN
3. NAME OF DECEASED First	Middle	Lost	4. DATE Mail	
UAVIU	NEVER MARRIED	JOHNS B. DATE OF BIRTH	9. AGE_(In years	
MALE WHITE WIDOWED		FEBRUARY 2	2,1896 last 63 hday)	Months Days Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b KIN	to of Business or Indus Lanese Corp.			12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14 MOTHER'S MAIDEN'N	IAME	
JACK J. JOHNS			MORGAN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yas, no, or unknown] [16, yes, give wor or dates of services] [17.	-10-7407	MEMORIAL HOS	PITAL CUMBERI	AND MARYLAND
18. CAUSE OF DEATH [Enter only one cause per line f	or (o), (b), and (c).]	£ 1 1.		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6)	Pulmonay	Cm balis		Minuts.
Conditions, if any, which) (b)	uruntan 1	Librillation	^	
gave rise to immediate couse (a), stating the <u>under-lying</u> couse last.	Ionic Myocus	dila-oll	Myseardeal	martin
PART !! OTHER & GNIFICANT CONDITIONS CON	TRIBUTING TO QUATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GI	VENAN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH OF ETHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED	D. (Enter nature of injury in	Port I ar Part II af item 18.)	
ZOC TIME OF INJURY Month, Day, Year 20d INJU Hour o.m. While p.m. 19 at work	_ Not while foo	ACE OF INJURY (Hame, form tary, street, office bldg., etc.	20f. (City or town)	(County) (State
21. I certify that I attended the deceased olive on 195	from field	, 1957, to	' 1	that I lost saw the deceased and on the date stated above
(1 m / 1/	1	1.100	ADDRESS (Street, city or town,	
SIGNATURE Of Cleriton Hen	une lepeth	to 133 V	rylnia au	e 10/18/59
PHYSICIAN'S G. O. Himme u	oright [H.I	Clem	Rodand, M.	d
I REMOVAL (Specify) I A I CIR	2c NAME OF CEMETERY OF	Cemetery	22d. LOCATION (City, town,	
Buri al October 13.130 23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		Allegany Cour	nty . Maryland ISTRAR'S SIGNATURE
John J. Hafer. Cumberland			JCT 1 6 '59	Irthur S. Firmers



	al dire	Filed :	1
•	Pher	old be	
	±e +	shou	
	in by	and 2	
	filled	oges 1	
	pletely	ers. Po	
	EOS	pope	aoth.
	puo uc	corbon	Ster de
	shysicie	move c	hours
	OR: After this certificate has been signed by the ottending physician and completely filled in by the Poneral dire-	should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled	stren prior to buriof, cremation, or removal, and in any livest within 70 hours ofter death.
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	by II	≓ :::	V IIIV
	gned	perm	in or
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5	s certi	Se 05	John
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בונו	MAR	shou	Strill

		10864	CEDTIEIC	ATE OF DEATH	I—BALIIMOKE, 16	10856
		7000%	CEKTIFICA	AIE OF DEATH	Reg.	Dist. No.
)	PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2 USUAL RESIDENCE (WIN	ere deceased lived If institution Resi and b. COUNTY A	idence before admission)
Г	b CITY OR TOWN RURAL and give	(f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	ulside corporate limits, write RURAL o	nd give negrest town)
L	Cumber	rland	9/25/59	LaVal	e - Cumberl	and
	OR INSTITUTION	Allegany Cou	oddress) Ity Infirmar	d. STREET ADDRESS	sh Valley	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED	First	Middle	Last	4 DATE Month	Day Yeor
	(Type or print)	Lewis	Smith	Jones	OF DEATH October	2, 1959
5.	SEX	6. COLOR OR RACE 7. MARE	HED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF JNI	DER TYEAR IF UNDER 24 HRS
	Male	White wipowi		12/7/1870	foul birthday) Month	15 Doys Hours Min.
10	during most of we	ION (Give kind of work done 10b. orking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stole	or foreign country) 12.	CITIZEN OF WHAT COUNTRY
Ш	etired .	- Auto Mechan:	ic & W/Md. R	R Cumberlan	d, Maryland	U. S. A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N		
L		Thomas Jones		Mary Lit	zenberg	
15.	WAS DECEASED EN	VER IN U. S ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT P.O.BO	x 599 Address C	umberland, Mc
Ĺ	No.	(1.) (2.) (3.) (3.) (4.) (4.)			nty Infirmary	
	18. CAUSE OF D	EATH [Enter only one couse per li			,	INTERVAL BETWEEN
	PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Vilue	Zaru Il	11 nonto- :	ONSET AND DEATH
	422.1	DUE TO	00 .		11/10/2014/2012	JUNE
	Conditions, if		Krenie	Th 190	as deter	?
	gove rise to Couse (a), stating lying couse lost	g the under-	Rereles	e senti	nochesos	/ ?
Z		THER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN I	PART 1(a) 19 WAS AUTOPSY
CALLON		Selie	le bon	chang's		PERFORMED?
65.	200 ACCIDENT W		CRIBE HOW WIJURY OCCURRE	D. (Enter nature of injury in P	ort I or Port II of item 18.)	YES NO D
CERT	OR CONTRIBUTING	YAS UNDERLYING ☐ 20b. DESC IG ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	7			
SE			NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20E (City or town)	(County) (State)
MEDICAL	Hour a.m.	. While	Not while	ctory, street, office bldg, etc.)	land (city or lowly	(County) (Store)
2	p. m.		7. 1/1	**	0/0/50	
	21. I certify t	that I attended the decease		19, to	- Tyles - The contract of the	I last saw the decease
L	alive on 10,	12.	, and that death		_M, fram the causes and ar	
	ACTUAL	H. 3.4	a cl		ADDRESS (Street, city or town, state)	DATE SIGNE
	ACTUAL SIGNATURE	youls 6 /	- HIRU	M.D. 49 Gre	eno St.	10/3/59
	PHYSICIAN'S NAME (Type)	Dr. James E.	McLean	Cumber	land, Md.	
220	- BURIAL, CREMATI REMOVAL (Specifi	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or count	y) (State)
-	Burial	10/5/59	Greenmount	Cemetery	Cumberland, Ma	aryland
23.	H. Way	r's signature ne George Cumb	erland, Mar	yland 24a. REC'D	BY REGISTRAR 24b. REGISTRAR'S	SIGNATURE
				- Junit		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

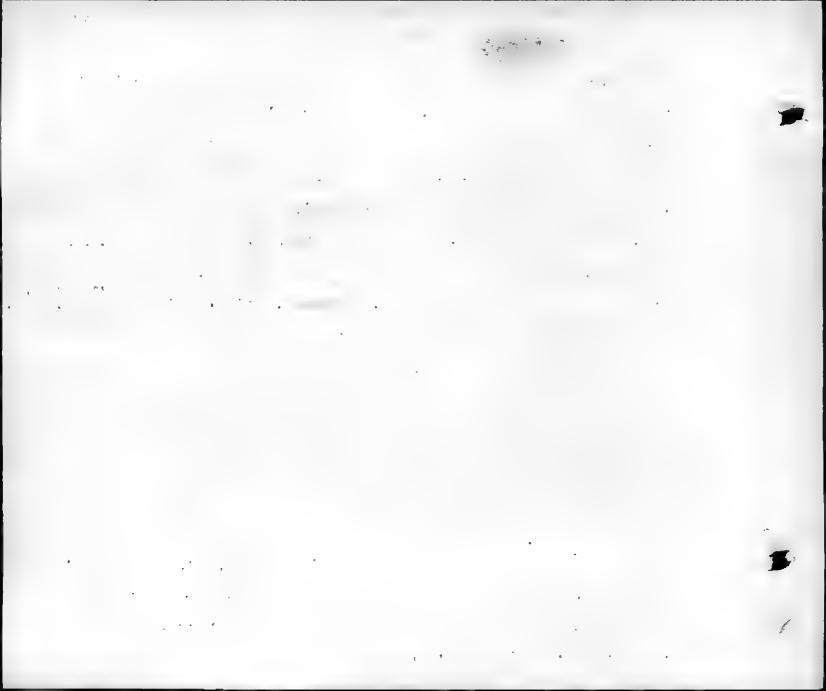


TO HOSPITAL OF

VS A1S (4) 1SM 9/S8

Chilling & Thousa

30000					Reg. Dist. No.	
PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceased		n: Residence befai	re admission)
Allegany	MARYLAND	a. STATE Marvl	and	b. COUNTY	Allega	ידוזי
b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		ate limits, write RU		
Cumberland	6 hrs.	Cumberlan	d			
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d STREET ADDRESS				e IS RESIDENCE ON A FARM?
Sacred Heart Mospital		113 Wills	Creek	Ave		YES NO
NAME OF First	Middle	Last	4. DATE OF	Manth	Da	y Year
(Type or print) Virginia	a Madeline	Kaiser	DEATH	10/	1/	1959
SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)	Manths Days	IF UNDER 24 HR Hours Min.
Female White WIDOW	ED DIVORCED	July 27, 1	911	48 ym	Days	HOUTS HAIR.
USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State	e ar foreign co	ontry)	12. CITIZEN OF	WHATCOUNTRY
ssist. cook	lospital	Cumberla	nd, M	aryland	U.S	A.
FATHER'S NAME		14 MOTHER'S MAIDEN	NAME			
Edward P Cosgrove			Large	aret Turn	er	
WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO	INFORMANT		Addre		erland
	15-20-7200Mr	. Walter C.	Kais	er 113 1	Wills C	
18. CAUSE OF DEATH [Enter only one cause per li					HNTE	RVAL SETWEEN
PART I. DEATH WAS CAUSED BY:	oppleta à	tike			ONS	ST AND DEATH
35 LX Due to	/ /					1 home
	mate. 1	Lyurtens	15			1100
Canditians, if any, which (b)	willy	Junior	or lot him			James
cause (a), stating the <u>under</u> DUE TO		G#				
lying cause last.			415.144.25.17.451	CONDITION		D MAS AUTORS
					NEW PART HOLL	
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	III THE DEPOSIT	COMBINION GIVE	(=,	PERFORMED?
PART 11. OTHER SIGNIFICANT CONDITIONS 200 ACCIDENT WAS UNDERLYING [7] 20b. DES	CRISE HOW INJURY OCCURRE					PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS						PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d I	CRISE HOW INJURY OCCURRED NJURY OCCURRED 20e P	ED. (Enter noture of injury in	Part Lar Part	11 of item 18)	(County)	PERFORMED?
PART 11. OTHER SIGNIFICANT CONDITIONS 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRISE HOW INJURY OCCURRE NJURY OCCURRED Nat while	ED. (Enter noture of injury in	Part Lar Part	11 of item 18)		PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year Hour a. m p. m. 19 While at war	CRIBE HOW INJURY OCCURRED NJURY OCCURRED Not while tk at wark	ED. (Enter noture of injury in LACE OF INJURY (Hame, for locary, street, affice bldg , et	m, 20f (City	If of item 18 } or town}	(County)	PERFORMED? YES NO (State
PART 11. OTHER SIGNIFICANT CONDITIONS 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 201 TIME OF INJURY Manth, Day, Year 200 I Hour a. m p. m. 19 While at war 21. I certify that I attended the decease	CRISE HOW INJURY OCCURRED NJURY OCCURRED Nat while at wark sed fram 4-30	ACE OF INJURY (Hame, forsicitary, street, affice bldg, et	m, 20f (City	11 of item 18 } or tawn)	(County)	YES NO (State
PART 11. OTHER SIGNIFICANT CONDITIONS 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year Hour a. m p. m. 19 20d I While at war	CRISE HOW INJURY OCCURRED NJURY OCCURRED Nat while at wark sed fram 4-30	ED. (Enter noture of injury in LACE OF INJURY (Hame, for locary, street, affice bldg , et	Port I or Part m, 20f (City C) AM, fram	ar tawn) 19.25the couses once	(County) hat I last saw	YES NO (State
PART 11. OTHER SIGNIFICANT CONDITIONS 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 201 TIME OF INJURY Manth, Day, Year 200 I Hour a. m p. m. 19 While at war 21. I certify that I attended the decease	CRISE HOW INJURY OCCURRED NJURY OCCURRED Nat while at wark sed fram 4-30	ACE OF INJURY (Hame, for clary, street, affice bldg, et a for coccurred at 3:25	Part Lar Part m, 20f (City AM, fram ADDRESS (St	or town) 11 of item 18) or town) the couses once, city or town, s	(County) hat I last saw I on the date	YES NO (State of the decease stated above date signi
PART 11. OTHER SIGNIFICANT CONDITIONS 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year Hour a. m p. m. 19 While at was 21. I certify that I attended the decease alive on 9 - 30 - 19	CRISE HOW INJURY OCCURRED NJURY OCCURRED Nat while at wark sed fram 4-30	ACE OF INJURY (Hame, for clary, street, affice bldg, et a for coccurred at 3:25	Port I or Part m, 20f (City C) AM, fram	or town) 11 of item 18) or town) the couses once, city or town, s	(County) hat I last saw	YES NO (State of the decease stated above date signi
PART 11. OTHER SIGNIFICANT CONDITIONS 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d I Hour a.m. 19 at While at war 21. I certify that I attended the decease alive on Q————————————————————————————————————	CRISE HOW INJURY OCCURRED NJURY OCCURRED Nat while at wark sed fram 4-30	ACE OF INJURY (Hame, for ictary, street, affice bldg, et al., 19 17, ta., and accounted at 3:25	Part Lar Part m, 20f (City AM, fram ADDRESS (St	or tawn) or tawn) 1925the couses onceed, city or town, s	(County) hat I last saw I on the date	YES NO (State of the decease stated above date signi
PART II. OTHER SIGNIFICANT CONDITIONS 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 TIME OF INJURY Month, Day, Year While of word on p.m. 19 While of word and p.m. 19 Wh	CRISE HOW INJURY OCCURRED NJURY OCCURRED Nat while at wark sed fram 4-30	ACE OF INJURY (Home, for ictary, street, affice bldg, et al., 19 17, ta / h occurred at 3:25	Port Lor Part m, 20f (City AM, fram ADDRESS (St	or tawn) or tawn) 1925the couses onceed, city or town, s	(County) hat I last saw I on the date tate) 10/2	YES NO (State
PART II. OTHER SIGNIFICANT CONDITIONS 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year Hour a.m. 19 While at war 21. I certify that I attended the decease alive on 9. 19. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Dr. T. Brings BURIAL, CREMAT ON, 22b. DATE THEREOF REMOVAL (Specify)	CRISE HOW INJURY OCCURRED Not white at work of the factor	ACE OF INJURY (Hame, for clearly, street, affice bldg, et al., 19 37, ta / h occurred at 3:25 M.D. Cumbe	Port Lor Port My from ADDRESS (St. Crand Green (1)	or town) 19.25t the couses onceed, city or town, s Md. Street ION (City, town, or	(County) hat I last saw I on the date tate) 10/2	PERFORMED? YES NO (State)
PART II. OTHER SIGNIFICANT CONDITIONS 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year While at wait p.m. 19 While at wait wait was a signature 21. I certify that I attended the decease alive on 9 - 20 - 19 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Dr. L. Prings BURIAL, CREMAT ON, 122b. DATE THEREOF	CRISE HOW INJURY OCCURRED Not white at work of the factor	ACE OF INJURY (Hame, for ictary, street, affice bldg, et al., 19 37, ta / h occurred at 3:25 M.D. Cumbe OR CREMATORY Or ial Park	Port Lor Port My from ADDRESS (St. Crand Green (1)	or town) 19.25the couses onceed, city or town, something the couses onceed to the couses onceed to the couses onceed to the couses onceed to the couses once on the couse of the couses once on the couse of the couses of the couse of t	(County) hat I last saw I on the date tate) 10/2	v the decease stated above DATE SIGNE



ADDRESS

Cumberland. Md.

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DATEOCT

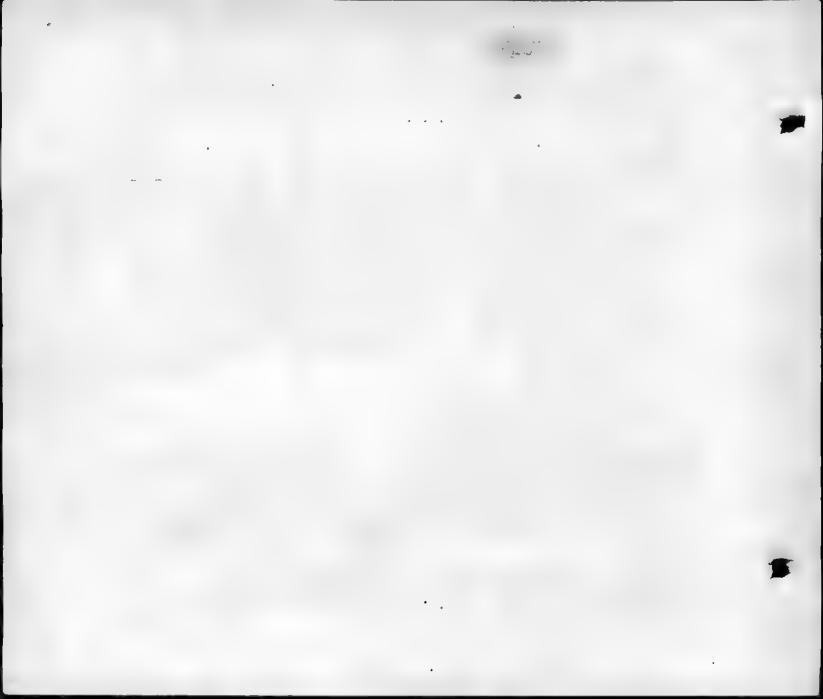
24b. REGISTRAR'S SIGNATURE

0 VS A1S (4) ISM 9758

23. FUNERAL DIRECTOR'S SIGNATURE

Byron Kight





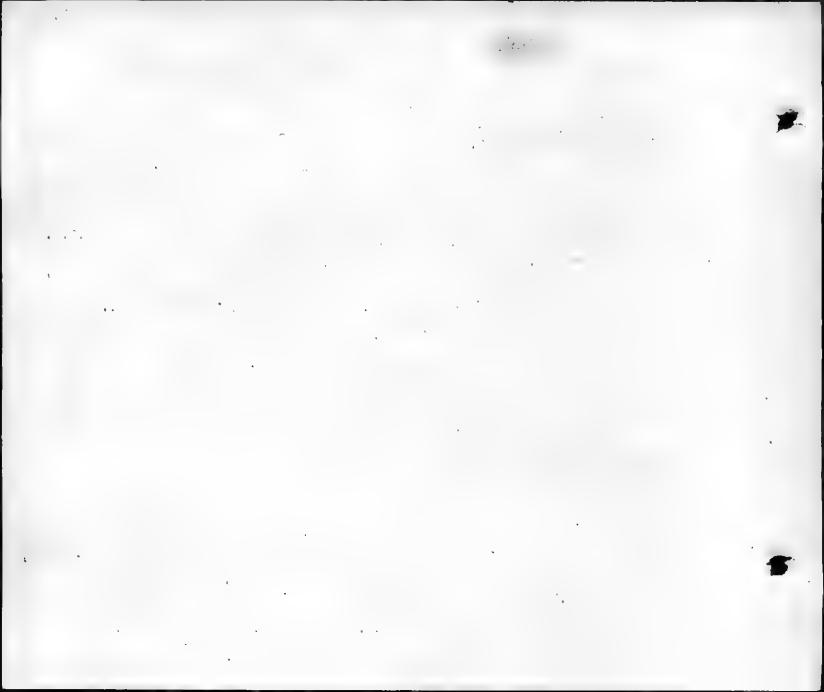
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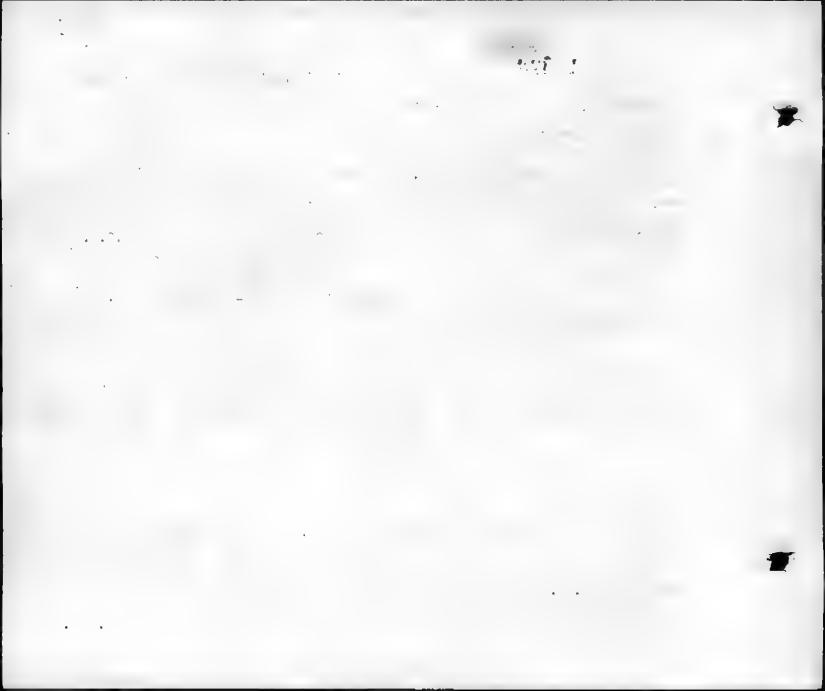
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10860

		108	60	CERTIFIC	AI	E OF DEATH			Reg. (Dist. No		
1.	PLACE OF DEATH COUNTY ALLEG	ANY	470	MARYLAND	2	USUAL RESIDENCE (Whe o. STATE MARYLAND	re decease	d lived. If institution b. COUNTY		GANY		ion)
	b. CITY OR TOWN (IF	outside corporate limi	ts, write	c LENGTH OF STAY IN 16		c, CITY OR TOWN (If ou	itside corpo	orate limits, write R	URAL on	d give ne	arest town	1)
	CUMBER	LAND		3 DAYS		" CUMBERLAN	4D					
	OR INSTITUTION MEMORIA		HOSPI AVE	TAL S.		d. STREET ADDRESS 236 WEST	OLDT	OWN ROAD				FARM?
3	NAME OF DECEASED	Fir		Middle		Lost	4. DATE	Mon		Do	,	Year
	(Type or print)		RED		,	KERSHNER	DEATH				_	159_
S. S		6. COLOR OR RACE		HED MEVER MARRIED	В	DATE OF BIRTH		9. AGE (In years lost hirthday)	Months		Hours	Min
7.0	MALE	WHITE	WIDOWI			MAY 13,1905		JT YG.	1			
T:	during most of worki	N (Give kind of work on the control of the control	1	kind of Business or Ind Crucking Co.		MARYLAN		ountry)	12.0		U.S.	OUNTRY?
13.	FATHER'S NAME	RLES KERSHI	WER		1	14. MOTHER'S MAIDEN NA	AME					
	Q1 PTI	TELO NEISON	W-11			40.00	HTZE	R				
	WAS DECEASED EVER	IN U. S. ARMED FOR F yes, give wer or defector of so		SOCIAL SECURITY NO.	INFO	DRMANT		Addi	ress			
	No			214-05-5525	ME	MORIAL_HOSP	ITAL,	CUMBERLA	ND,	MD.		
		7	use per lii	ne for (a), (b), and (c).]							ERVAL BE SET AND	
	PARIT DEAL	H WAS CAUSED BY: IMMEDIATE CAUSE (o		or Puenes	اساط	Le_				-		
	- ' X	DUE TO	1	2 2	-	to i	4	8.0				
	Conditions, if an gave rise to im			ulmonary	0	Sitrons		o mongo	سيسوس	_		
	couse (a), stating to) _									
CAL CERTIFICATION	PART II. OTHE	ER SIGNIFICANT CON	DITIONS O	CONTRIBUTING TO DEATH B	N	TELLE	NAL DISEAS	E CONDITION GIV	EN IN P	ART 1(o)	PERFO YES	RMED?
CERTIF	20a. ACC DENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	LI CAUSE OF DEATH!	20b DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in Po	art I ar Par	rt II of item 18)				
MED CAI	20c. TIME OF INJURY Hour a.m.	Month, Day, Yes	20d. II While	Not while		OF INJURY (Home, form, y, street, office bldg., etc.)		y or town)		(County)		(Stote)
		at I attehded the	deceas	ed from 9/28		1957 10	101	1 1059	that I	last sa	w the d	leceased
	alive an	101,	19	7.	th a	ccurred b0:20_A /	M from	,				
		011				_		itreet, city or Jown,	sigle)			E SIGNED
	ACTUAL SIGNATURE	en I.	Le	y July	_ M.E	456	<i>N</i> .	Cantra	82		10/3	3/19
	PHYSICIAN'S NAME (Type)	EO-H-LEY				Cum	Red	land	m	R		
220	BURIAL, CREMATION REMOVAL (Specify)	1, 225. DATE THEREC	F	St Paul Lu				TION (City, town, Clears)	,		(Stat	e)
23.	FUNERAL DIRECTOR'S	SIGNATURE	4 0	ADDRESS		24a. REC'D				~_		
	James F.	Scarrell	.1 C1	umberland, M	d.	DATEOCT	6 '5	9 CM	Chung S	How	4	





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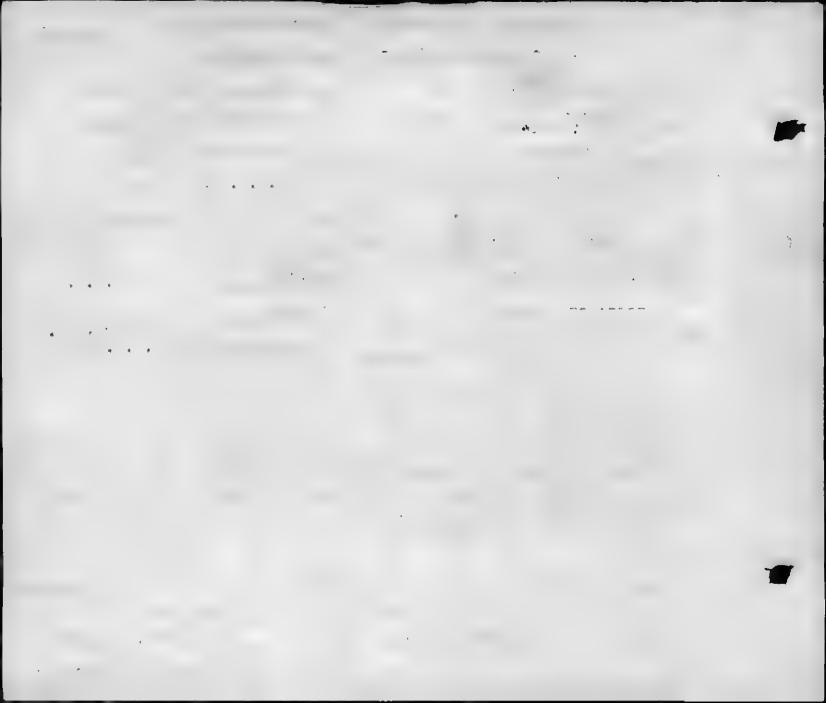
TO FUNE LAL DIRECTOR: The law mayines that the death cartificate be filled with the registre within 72 fours after this certificate has been executed by the attending physician and completely filled in by the funeral director, the third cepy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M"

10863

CERTIFICATE OF DEATH

10906			R	eg. Dist. No.	4** **********************************
I. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
COUNTY Allegany	MARYLAND	STATE Maryl	and county	Allegany	,
CITY (If outside corporete limits, write RURAL OR and give nearest town)	(in this place)	CITY (It outside corp	orate limits, write RURAL e		
TOWN Frestburg				ral)	
HOSPITAL OR INSTITUTION OR		/ STREET ADDRESS	(If rura) giv	va location)	
STREET ADDRESS Miners Hospita		R.F			
DECEASED	Middle)	(Lost)	4. DATE (Mor		(Yaar)
5. SEX 6. COLOR OR 7. SINGLE, MARRIE		EPTIC TE OF BIRTH	9. AGE lest birthdey	0/17/19:	59 19 HE UNDER 24 HRS.
Female White Spewidov	ORCED.	19/1884	75 Yrs.	Months Days	Hours Min.
	OF BUSINESS	11. BIRTHPLACE (State or for	eign country)		EN OF WHAT
done during most of working life, even if come OR		Austria		U.S.	A
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Kenrad		Unknown			
(Yas, wo_or unk.) (if Yes, give wer or dates of service)	SOCIAL SECURITY NO.		ADDRESS	estburg,	MD.
Ne L	lone	Miss And	Leptie,		RVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH) To MEDICAL	ENTITION	110.		SET AND DEATH
~ IMMEDIATE CAUSE (A)	relpp	Krilly C	Comic	2 2	mo
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)					
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	0 /)			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	10 Vit	7			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	444				
196. DATE OF OPERATION 196. MAJOR FINDINGS C	OF OPERATION			YES YES	O. AUTOPSY
218. ACCIDENT WAS UNDERLYING 215. PLACE (Home, OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, farm, factory, fice bidg., atc.)	21c. WHERE DID INJURY OCCU	JR? (Cily or lown)	(County)	(State)
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. While M. et wo.		21f. HOW DID INJURY OCCU	JR?		
22. I hereby certify that I attended the decease	sed from July	L., 195%, 1000	1 /2 , 125	that I last say	w the deceased
	that death occurred		causes and on the		
SIGNATURE ON THE	Sund	ADE	RESS (Street, city, tow		DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF	T NAME OF CEMETERY	OR CREMATORY	LOCATION City, Tow	n; or touniv)	(State)
Burial 10/20/1959			Frestbu		land
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	3
DATE	isting S. times	GEORGE EI	CHHORN, LO	NACONIN(a, MD.



DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



10865

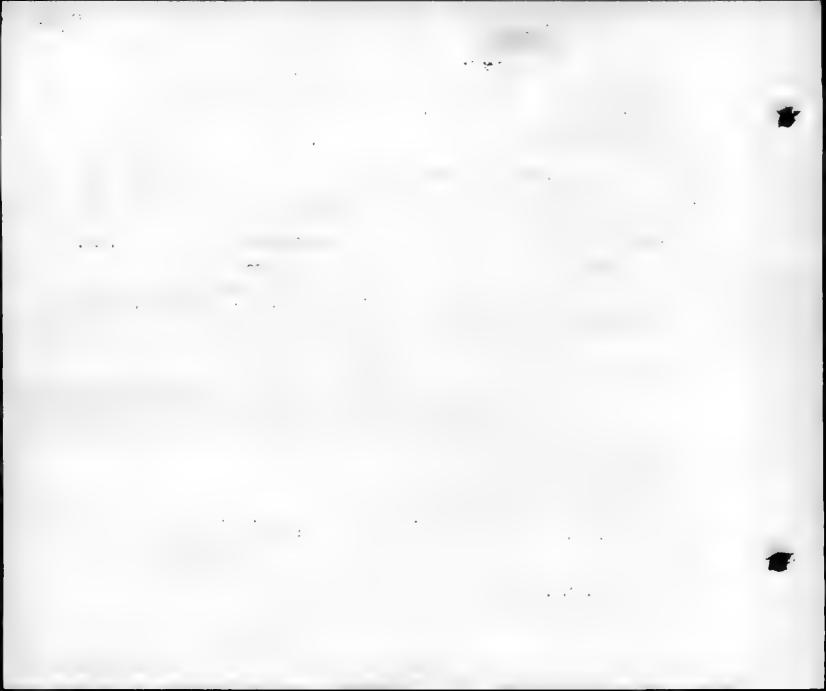
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7.2 natura otter, dedin]
, and in any ement with n		
ol, and it		
or remayor, (
cremation, a		
-		

SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 be retained the haspital or attending physician.

NERAL DIN TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages I and 2 should be filled with egistrar prior to burial, cremation, or remayal, and in any errant with n 72 hours offer death.

TO HO TO FUN	bage
V5 A15 (4 15M 9/58	

	10811				Reg. D	ist. No.
1. PLACE OF DEATH b. COUNTY ALLEGANY		MARYLAND	2. USUAL RESIDENCE (WO. STATE PENNSYL	here deceased lived	. If institution: Reside b. COUNTY	nce before admission)
b. CITY OR TOWN (If outside con RURAL and give nearest town) CUMBERLAND	porote limits, write	C LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate III	nits, write RURAL and	give nearest fown)
d NAME OF HOSPITAL (IF NOT IN OR INSTITUTION MEMORIAL HOSF	hospital, give street		d STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED {Type or print}	First ANNA	Middle MARY	LEYDIG	4. DATE OF DEATH	Month OCTOBER	Day Year 23 19 59
5. SEX 6. COLOR WHIT		RIED X NEVER MARRIED C	B DATE OF BIRTH NOVEMBER 20	1940 9. AC	E (In years IF UNDE bethday) Manths	R 1 YEAR IF UNDER 24 HRS Days Hours Min
10a USUAL OCCUPATION (Give kind during most of working life, ever HOUSEWIFE	d of work done 10b n if retired)	. KIND OF BUSINESS OR IND	PENNSYL			U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN			
WALTER SHAFFER			HELEN G	ROSSE		
	RMED FORCES? 16.	SOCIAL SECURITY NO.	MEMORIAL HOSP	WARWII	CK & MEMOR MBERLAND, I	MARYLAND
Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	(c)(CHRONIC INTRHA				5 MONTHS
CAIG			UT NOT RELATED TO THE TERM			RT 1(0) 19 WAS ALTOPSY PERFORMED? YES NO
	OF DEATH	CRIBE HOW INJURY OCCUR	RED, (Enter nature of injury in	Part I or Port II of	item It }	
ZOc. TIME OF INJURY Month, Haur a.m. p.m.	Day, Year 20d. While at wa	Not while	PLACE OF INJURY (Home, for factory, street, office bldg., et		wn) ((Caunty) (State)
21. I certify that I attendive an OCT 22.			, 1959 ta C th accurred at 4:00		causes and an th	
PHYSICIAN'S DR . S	M. JACOBS	ON	<u> </u>			
PREMOVAL (Specify) 275. DA	-26,195	22 STAME OF CEMETERY	, conetery	Duff	gity, Jown, or county)	lo fath
23. FUNERAL DIRECTOR'S SIGNATUR	Tour D.	ADDRESS OF	P. nate	OCT 2 7 159	246. REGISTRAR'S SI	



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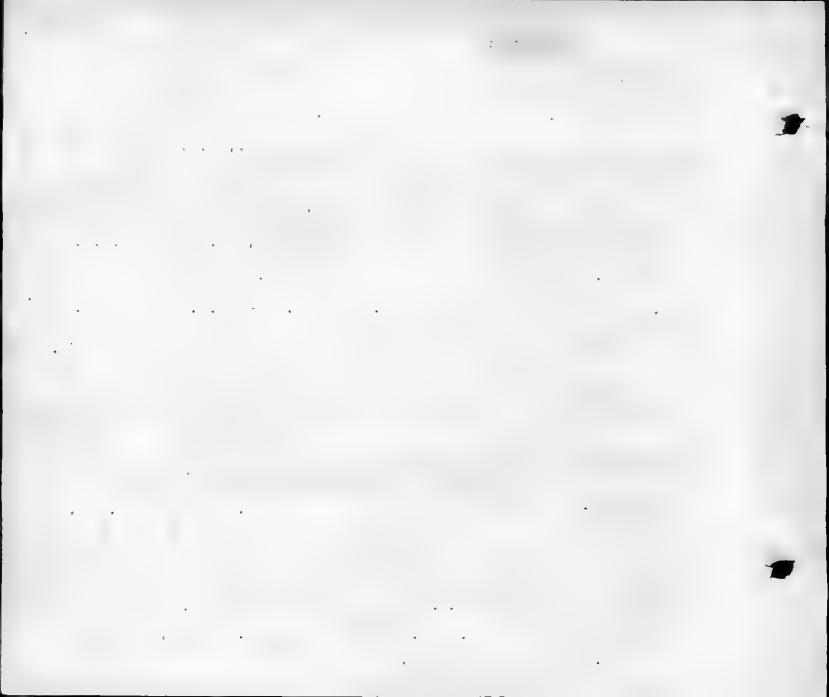
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10872

CERTIFICATE OF DEATH

10866 Reg. Dist. No.

j	1 PLACE OF DEATH		2 USUAL RESIDENCE (W			Residence befor	e admiss.	on)	
1	a. COUNTY Allegeny	MARYLAND	o. STATE Pennsyl	vania	b. COUNTY BE	edford		100	
	b. City OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland	CCITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Hyndman							
	d, NAME OF HOSPITAL (If not in hospital, give street address	(6)	d. STREET ADDRESS		3 2 1		IS RESI	DENCE	
)	Memorial Hospital							NO []	
	3. NAME OF First Middle		Last 4. DATE Month Day Yeor						
	(Type or print) Betty	J.	Leydig	DEATH O	ctober 3			9	
	5. SEX 6 COLOR-OR RACE 7. MARRIED	NEVER MARRIED	B DATE OF BIRTH	9. AG		JNDER I YEAR			
,	Female White WIDOWED	DIVORCED [Nov.20,1922	36	yrs Mc	onths Days	Hours	Min.	
	JOB JSUAL OCCUPATION (Give kind of work done 10b KIND during most of working life, even if retired) Housewife	OF BUSINESS OR INDU	Somerset	or foreign country)		12 CITIZEN OF	WHATC	DUNTRY?	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME				NAME	ME				
	Edmund J. Phillippi		Mary Mae S	haffer					
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA (Yes, no. or unknown) (If yes, give wor or dates of service)	0.0	NFORMANT Donald Leydig	, Hyndman	Address Pa.				
)	/ 99, 20 Conditions, if uny, which gove rise to immediate couse (a), stating the under-lying couse lost. Part II OTHER SIGNIFICANT CONDITIONS CONTR	alized abdo	minal carcino NOT RELATED TO THE TERM D (Enter noture of injury in	ainal disease con		ONS	PERFO	DEATH Dec	
	OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF INJURY Month, Day, Year Hour o. m. P. m. 19 20d. INJURY OCCURRED And while of work of								
i	21. I certify that I attended the deceased from 6=23=59 , 19 , to 10=2=59 , 19 , that I last saw the deceased alive an 10=2=59 , 19 , and that death accurred at 2:15 M, from the causes and an the date stated above. ACTUAL SIGNATURE ADDRESS (Street, city or town, slote) PHYSICIAN'S NAME (Type) John A. Topper, M.D. 20. BURIAL, CREMATION, 22b. DATE THEREOF BENOW A 15 pecify) 22c. NAME OF CEMETERY OR CREMATORY BENOW A 15 pecify) 22d. LOCATION (City, town, or county) Hyndman, Pa. 22d. LOCATION (City, town, or county) Hyndman, Pa.								
	23 FUNEFAL DIRECTOR'S SISNATURE	ADDRESS yndman, Pa.		D BY REGISTRAR	24b. REGISTRA	AR'S SIGNATUR			



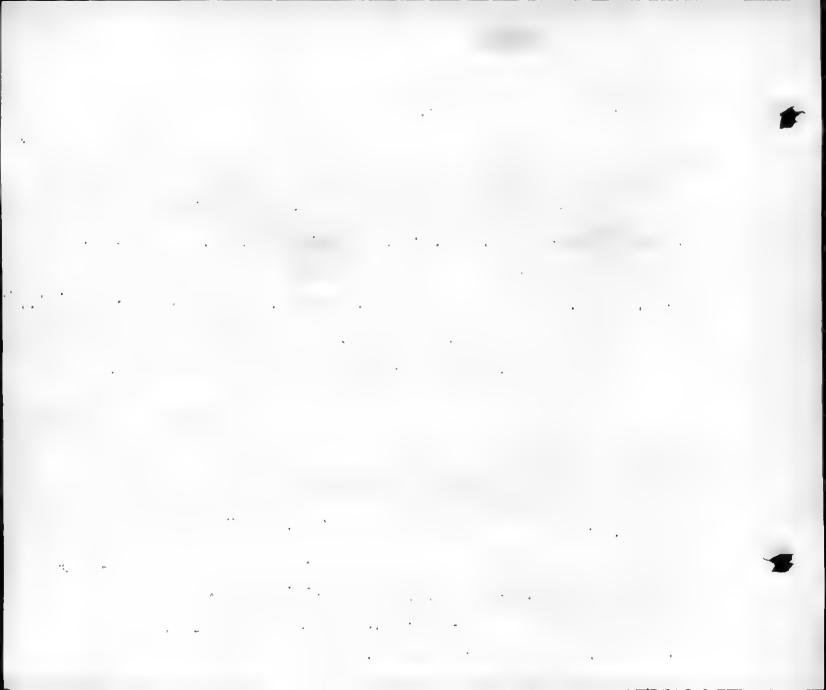


	MAKTLAND	SIAIE DEPAKIM	ENI OF REALIR	-BALIIMOKE, I	10868		
	10874	CERTIFICA	TE OF DEATH		Reg. Dist. No.		
	1 PLACE OF DEATH			re deceosed lived. If institution	- Residence before admission)		
	o. county Allegany	MARYLAND	o. state Mar vlan	Allegany			
	b. CITY OR TOWN (If outside corporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside corporate fimits, write RU			
	RURAL and give nearest town) Cumberland	2 hrs.	Cumberlan	nd			
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE		
	Sacred Heart Hospital		319 Avirett	Ave.	YES NOTE		
	3 NAME OF First	Middle		4. DATE Month	Day Year		
	(Type or print) Frederick	Anthony	Luhrman	OF DEATH 10/	17 19 79		
	5. SEX 6 COLOR OR RACE 7 MARR		8 DATE OF BIRTH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FUNDER 1 YEAR IF UNDER 24 HRS.		
	Male White WIDOWE		7-27-1991	lost birthday) 68 yrs.	Months Doys Hours Min.		
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS			12. CITIZEN OF WHAT COUNTRY?		
-	Retired Blacksmith B.	& O. Rwy.	Cumberla	nd. Md.	U.S.A.		
	19. FATHER'S NAME	<u> </u>	14. MOTHER'S MAIDEN NA				
	Alphonsus Luhrman		Marga	ret Huffman			
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address Cumbo 224 2 Pd						
	Yes, no, or unknown) Yes. (If yes, give war or dates of service) W.W.# 1	Mr	s. Helen R.	Luhrman 319	Avirett Ave.,		
	18. CAUSE OF DEATH [Enter only one cause per lin	e for (o), (b), and (c)-]			INTERVAL BETWEEN		
	PART 1 DEATH WAS CAUSED BY:	ronary occl	usion		ONSET AND DEATH		
420.0 DUE TO							
	Arterioscleratic and coronary heart disease 2 years						
	gove rise to immediate			V			
	lying couse last. (c)						
		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NALD SEASE CONDITION GIVE	N IN PART I(a) 19 WAS AUTOPSY		
)	PART II OTHER SIGNIFICANT CONDITIONS C				PERFORMED?		
		CRIBE HOW INJURY OCCURRE). (Enter nature of injury in P	ort I or Part II of item 18 }			
	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
	S 20c TIME OF INJURY Month, Day, Year 20d. IN		ACE OF INJURY (Home, farm,		(County) (Stote)		
	20c TIME OF INJURY Month, Day, Year 20d. In Hour a.m. 19 White at worl	Nat while 100	tory, street, office bldg , etc.)	t t			
	21. I certify that I attended the deceased from 10 - 3 , 19 5t, to 10-17-59 , 19 , that I last saw the deceased						
	alive an 10-17-59, 19, and that death accurred at 2:15M, from the causes and an the date stated above.						
	ADDRESS (Street, city or town, state) DATE SIGNED						
	SIGNATURE CREEK W. Back	tein :	M.D. 62 Green	St.	10-19-59		
ı	PHYSICIAN'S Delicate To Delicate	Tiday Nr. D	Cumberlan	nd. Md.			
1	NAME (Type) Ralph W. Bal						
	220 BURIAL, CREMATION, 226 DATE THEREOF BURIAL (Specify) 10/20/59	22c. NAME OF CEMETERY O		22d LOCATION (City town, or			
		Sunset Memo		Cumberland,			
	23 FUNERAL DIRECTOR'S SIGNATURE Charles L. George Cu	mberland. Mo	1 OI	OT O 4 IFO	TRAR'S SIGNATURE		
	ouaries n. acorde on	myorrana! Mc	DATE		a. Think		

teath. Page 4 may be retaine of the hospital ar attending physician.

TO FUNERAL DIAC TOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any meant within 72 hours after death. ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours of TO HOSPITAL OF VS A15 (4) 15M 9/58

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FOR STATE **HEALTH DEPT**

of control Page of far your files.

SEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is need the class, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral chauld be for arded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for UNERAL DI. ITOR: Page 2 should be seed as 2 buriot-temsit permit. File pages 1 and 2 with the State 2 are designated agent, prior to buriot, cremation, or removal, and in any event within 72 hours ofter death. FUNERAL

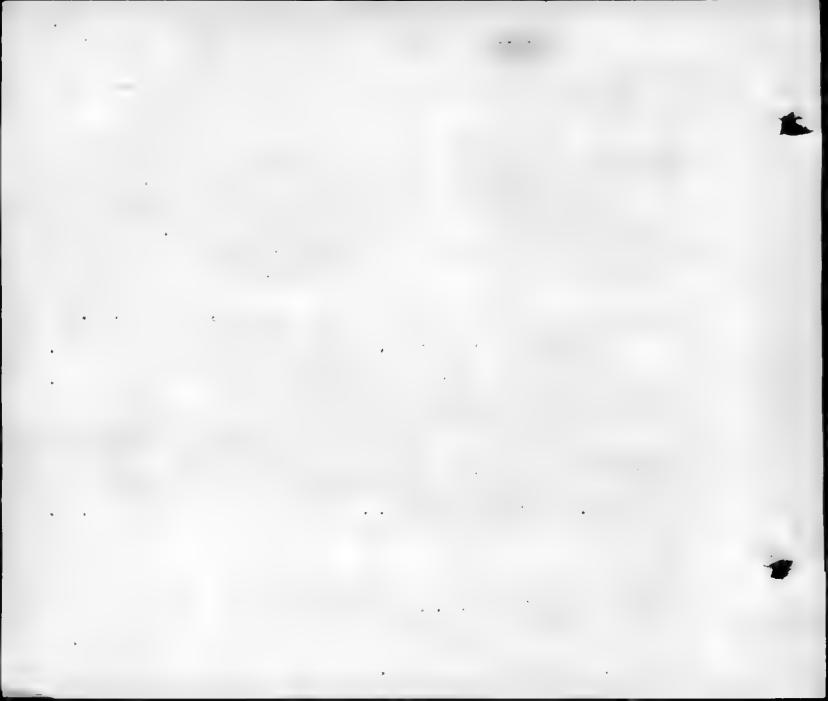
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10869 Reg. Dist. No

1.	PLACE OF DEATH	2.0000		2. USUAL RESIDENCE (Where o	deceased lived. If institution	n Residence before admission)
	Alleg	ONIT	MARYLAND	o STATE Marvla	b COUNTY	tile obdumban
		de corporaie limits, write RURAL	c LENGTH OF STAY IN 16	c CITY OR TOWN (IF outs'd		RAL and give nearest town)
	Cumberland		1 hour	Hagerstow	'n	4"
		OR INSTITUTION (If not i	n haspital, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
- _	Sacred hear	t Hospital		400 Mitche		AEZ 🗍 NO 🚵
	NAME OF DECEASED	First	Mrddle	Losi 4. DA	1	Doy Year
	(Type or print)			Subauch	ATH October	
5. 9	iEX 6	COLOR OR RACE 7. M.	ARRIED NEVER MARRIED 1 8.		hand fourth doub	FUNDER TYEAR IF UNDER 24 HRS.
	Male	MILLIAG		eby 6 1934	25 yn.	dumin Days Moors Min.
100	. USUAL OCCUPATION (furing most of working life	Give kind of work done 1 e, even if retired)	Ob. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fore	eign country) Md.	12. CITIZEN OF WHAT COUNTRY?
	Truck Driv	er	Trucking	Hagerstown	Wash Co	USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
		ard Lushbaug		Mary Joh	nson	Standillain. Wat
-15 (Yes		N U. S. ARMED FORCES?	16 SOCIAL SECURITY NO. 17 M	IFORMANT	Address	
1	no l		216-30-3287	Clarence Lushb	augh, Hagersi	town, Md.
			line for (a), (b), and (c).			INTERVAL BETWEEN
	PART I DEATH W	VAS CAUSED BY: MEDIATE CAUSE (a)	Crushed chest.	Broken back		3 hrs.
	X	DUE TO				
	Conditions, if ony,	which] (b)	Pinned in cab	of wrecked true	k	2 hrs.
	gove rise to immediate (a), stating the unde					
	coure fast.	(c)				
3	PART II. OTHER S	GNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINALD	SEASE CONDITION GIVEN	
CERTIFICATION						PERFORMED?
Ē	200 EXTERNAL CAUSE	WAS 206 DES	CRIBE HOW INJURY OCCURRED (E	nter nature of injury in Port L or P	art 11 of item 18 }	
	CAUSE OF BEATH.	101110	Truck wredk . p	inning him in c	ab /	1
MEDICAL	20c. TIME OF INJURY		20d INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form, 120f.	. (City or fown)	(County) (State)
WED	2:30 P. m. Oc	. as a small a	While Not while tocto	ry, street, office bldg., etc.)	ar Cumberland	d 437 ag 164
		Market	he remoins described obo	ve, held an Autopsy	Inspection V	Inquiry , and in my
			ral causes . Accident		may-	, Alberta
	aprillori diddiri res	# # # # # # # # # # # # # # # # # # #	O. C.	A poleide	cioc [], Oildeleili,	miled manner [_]
	ACTUAL /5	undist.	Sketarelec!	CHIEF MEDICAL EXAMINE	ER 🗇	DATE SIGNED
	SIGNATURE ALA	recour &	e) remarence.	_M.D. ASSISTANT MEDICAL EXA		
	EXAMINER'S NAME (Type) Rom	edict Skitar	colic M D	DEPUTY MEDICAL EXAMI	ira CI-	10 1000
220	BURIAL, CREMATION		127c NAME OF CEMETERY OR		LOCATION (City, town, or o	er 10, 1959 county) (State)
	REMOVAL (Specify) Burial	10/13/50				
23	FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS	240. REC'D BY R	CISTOWN Was	AR'S SIGNATURE
			agerstown Hd.			Muy S. Kraus
-	THULL ON N.	ODITHIT T	aReleronu ra.	DAIL		



VS A15 (4) 1SM 9/SB

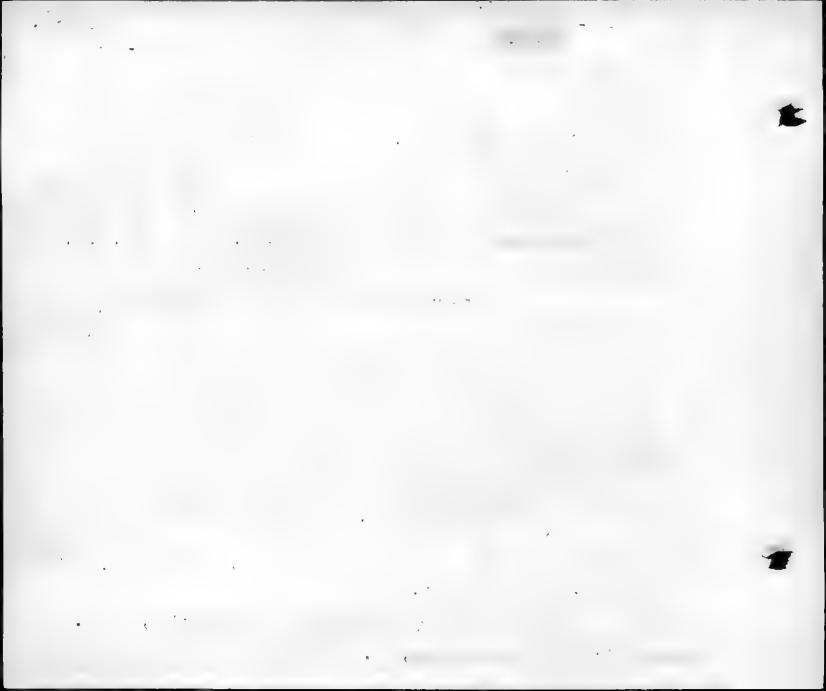
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10876

CERTIFICATE OF DEATH

10870 Reg. Dist. No

	3,5					
1 PLACE OF DEATH 0. COUNTY ALLEGANY MARYLAN	2 USUAL RESIDENCE (Where deceased lived. If 'nstitution: Residence o. STATE b. COUNTY ALL	LEGANY				
b CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) CUMBERLAND LENGTH OF STAY IN A DAYS						
d. NAME OF HOSPITAL (If not in hospital, give sMEMORS) AL & MEMORIAL HOSPITAL WARWICK AVES.	/ d. STREET ADDRESS 82 DOUGLAS AVENUE	e IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print) WILLIAM	Lyden 4. Date Month of DEATH OCTOBER 28	Day Yeor 1959				
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	lost birthdoy) Months	YEAR IF UNDER 24 HRS Days Hours Min.				
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED Coal Miner	NDUSTRY 11. BIRTHPIACE (State or foreign country) BARTON, MD. U.	EN OF WHAT COUNTRY?				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
MICHAEL LYDEN	Sarah Haughton					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no. or woknown) (If yes. give wor or dates of service) 215-16-4880	MEMORIAL HOSPITAL - CUMBERLAND	VD .				
18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) }		INTERVAL BETWEEN				
PART 1. DEATH WAS CAUSED BY: immediate Cause (o) Acute left Ventricular Failure immediate						
420.1 DUE TO						
Conditions, if ony, which) By Posterior myocardial infarction with coronary 5 days						
gove rise to immediate couse (a), stating the under-	occlusion					
.ying couse tost. (c) Coronary Arteri	iosclerosis	?????				
PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH Silicosis 20% ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CHECK CONTRIBUTING OF CO	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO 🔀				
	URRED (Enter nature of injury in Port I or Port II of item 18.)					
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e Hour o. m. While Not while of work of work	e PLACE OF INJURY (Home, form, foctory, street, office bldg , etc.)	ounty) (Stole)				
21. I certify that I attended the deceased from October	r 24. 19 59 to October 28. 19 59hot Hay	st saw the deceaser				
	eath accurred at 3:00PM, from the causes and an the					
	ADDRESS (Street, city or town, state)	DATE SIGNE				
SIGNATURE Grancing persons	50 Pershing St. Cumberland, I	id. 10/30/5				
PHYSICIAN'S DR. SAMUEL JACOBSON MD.						
220. BUR.AL, CREMATION. 225 DATE THEREOF St Marys	RY OR CREMATORY 22d. LOCATION (City, town or county) Lonaconing,	Md (Stote)				
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE				
George Eichhorn Lonaconing,	Md. DATE NOV 2 150	0 10				



Cumberland, Md.

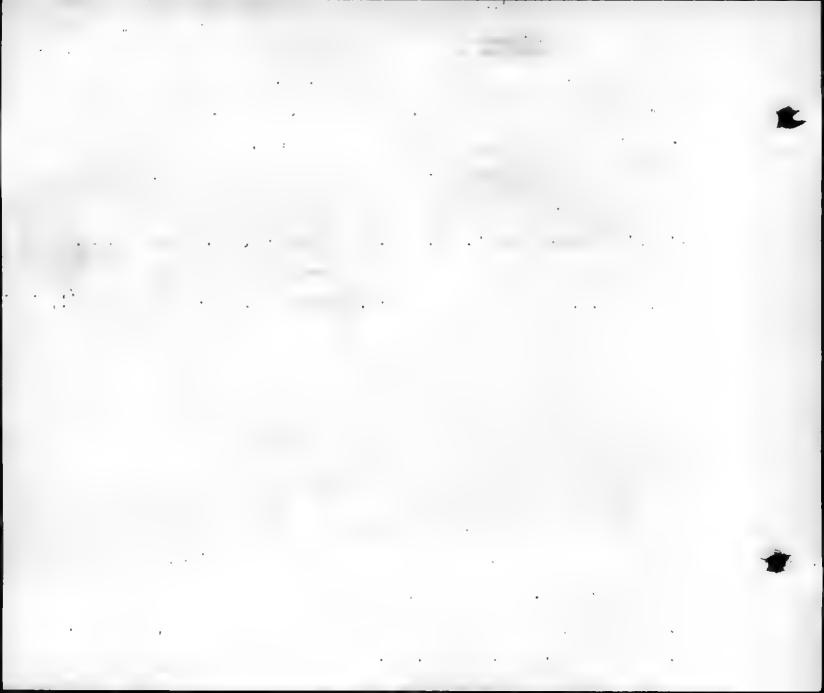
DATOCT 21 '59

arthur S. Thous

VS A15 (4)

15M 9/58

Wayne George



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





may be retained by the Maspital ar attending physician.

D. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye garban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 tyburs after death.

TO FUNERAL DIRECT
page 3 shauld be d TO HOSPITAL OR

VS AIS (4) 15M 9/SB

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs o

1	0	8	7	4
		_	_	- 67%

123		ALL XVAN				Neg. Disi. No.		
-71	V	PLACE OF DEATH COUNTY ALT EGANY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARY.	ere deceased tived If institution b. COUNTY	Residence before admission) ALTEGANY		
		b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF IN	otside carporote limits, write RUF	RAL and give nearest town)		
,4.		d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION SACRED HEART HOSPITAL		d STREET ADDRESS	PHART DIVE	on a farma,		
		NAME OF First DECRASED (Type or print) JOHN	Middle REX	Lost MILLER	4. DATE Month OF DEATH OCTOBE	Day Year		
	S.	SEX 6. COLOR OR RACE 7. MARK		b date of birth JAN. 19,18	lost hirthdoxi	F UNDER TYEAR IF UNDER 24 HRS Months Days Hours Min.		
	L.	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) aref Clerk to Supt. B	. & O. Shops	Baltimor		U.S.A.		
\	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
)		DUBETE MILLER (DECEAS	ED)	SUSTE O	Neal (DECEASE	ED)		
/		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. no, or unknown) Yes. (If yes, give wor or dates at service) W. W. # 1		nformant 's. Viola M.	Miller 804½	Cump. Mu.		
0	MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED NJURY OCCURRED 20e PL		ort for Port foof item IB }	ONSET AND DEATH 4 mo 3/2 years N IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO (Stote)		
1	W	21. I certify that I attended the decease alive an ACTUAL SIGNATURE R. PHYSICIAN'S R. Rhett Rath	lone	accurred at 2:20P		an the date stated abave DATE SIGNED WAS A STATE OF THE SIGNED		
	220	Burial, CREMATION, 22b. DATE THEREOF Burialz 10/19/59	22c. NAME OF CEMETERY O	R CREMATORY Cemetery	22d LOCATION (City, town, or Cumberland,			
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			RAR'S SIGNATURE		
		Charles L. George Cumberland, Md. DATE OCT 20'59 Collar & A.						



MARYLAND

o. STATE

PLACE OF DEATH

o. COUNTY

director Fled eral ě shauld 50 Ξ filled papers. Com puo corban 6 physici mave gned FUNERAL DIR should

ALLEGANY MARYLAND ALLEGANY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHRALER AND TOWN DAYS CUMBERLAND d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS HOSPITAL MEMORIAL AVE. MARYLAND AVE. NAME OF 4. DATE First Middle Month (Type or print) ELIZABETH DEATH MORRIS OCTOBER 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) FEMALE WIDOWED ITX DIVORCED [WHITE yrs. 10a. USJAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stale or foreign country) death. Ownhome St. Thomas, Pa. HOUSEWLFE ofter 14. MOTHER'S MAIDEN NAME AMBROSE RICKER MARGARET CONNOR 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address MEMORIAL HOSPITAL. CUMBERLAND. MD. None 18. CAUSE OF DEATH | Enter only one cause per Jone for (o), (b), and (d). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 0 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) foctory, street, office bldg., etc. Hour o m. While Not while p. m. at work of work 21. I certify that 1 attended the deceased from __10/15/59 _____, 19___,that I last saw the deceased and that death accurred at 1:50 Am from the causes and an the date stated above. alive an ACTUAL SIGNATURE 702 Montgomery Ave PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) poge Burial Hillcrest Burial Cumberland. Md. Park 2 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 246. REC'D BY REGISTRAR James F. Scarpelli Cumberland, Md. VS A15 (4) Ch I'ma & Trans 15M 9/58

Reg. Dist. No.

IS RESIDENCE ON A FARM?

YES NO TH

Year

1950

Dov

IF UNDER TYEAR IF UNDER 24 FARS

Hours

INTERVAL BETWEEN

PERFORMED?

YES NO #

(State)

(State)

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

Days

(County)

Months

2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY



MARYLAND

c LENGTH OF STAY IN 16

Middle

Francis

DIVORCED [

	_	_	_	
-1	Ω	Q	Q	S
	U	0	0	Z

Sacred Heart Hospital

White

Michael F. O. Neill

DUE TO

DUE TO

Doy, Year

22b. DATE THEREOF

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT.

While

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

First

Nicheel

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED |

16. SOCIAL SECURITY NO

20b. DESCRIBE HOW INJURY OCCURRED

Not while

ADDRESS

20e. PLA

ond that death

20d. INJURY OCCURRED

at work at work

Allegany

Cumberland

Male

Haur a.m.

p. m.

CERTIFICA

TE OF	DEATH	4		Reg. D	ist. No		1010
2. USUAL RES	Mary		lived. If institution b. COUNTY	ın: Reside		re admi:	nion)
c CITY OR			ote limits, write RI				rrs)
		erland					
d. STREET		Piedmo	nt Avenue	3		ON	SIDENCE A FARM?
Le	ast	4. DATE OF	Mon	th	Do	зу	Year
O'Nei		DEATH	10	I.m	21:	· in the second	1950
3/81	тн .909		9 AGE (In years last birthdoy)	Manths	Doys	Hours	DER 24 HRS Min.
RY 11. BIRTHE	PLACE (State	ar fareign co	untry)	12 CI	IZEN O	FWHAT	COUNTRY?
/	M	ryland		U	.S.	1.	
14. MOTHER	S MAIDEN I	NAME /	al				
ma	2304	rel	Den	2-02-	2		
formant	1680	tion	(EI)1	011	1,	im.	1. 111
		and him	1/4-1	4	TINI	ERVAL B	ETWEEN
					ON	SET ANI	D DEATH
3							
	Ψ.						
7 , Ca	ne-						
OT RELATED T	O THETERM	INAL DIŞEASE	CONDITION GIV	EN IN PA	RT 1(a)	19. WAS	AUTOPSY ORMED?
er-hoxe		elletin	-			YES [) NO [
(Enter nature	af injury in	Port I ar Part	II of item 1B.)				
E OF INJURY			or tawn)		(Caunty)		(Stote)
ary, street, offi	ce bldg , etc						
	7. to	10/29	- 1943	thot I I	ost sav	w the	deceosed
occurred a	P-001	M, from	the couses on				
		ADDRESS (Sh	reet, city ar tawn,		,	O/V	TE SIGNED
.D.		mbir-l				1-	1-1
	CRAN			- 3 1			
CREMATORY		22d. LOCAT	ION (City, Jown, o	or county)	7	121	Te a
em	mark of	1/2	mound	days.		11/6	

24b. REGISTRAR'S SIGNATURE

Onthur S. Krous

24o, REC'D BY REGISTRAR

PLACE OF DEATH a. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION NAME OF DECEASED (Type or print) 5. SEX 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 18 CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c).] Conditions if any, which gove rise to immediate cause (a), stating the underlying cause last 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 21. I certify that I attended the deceased from olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE

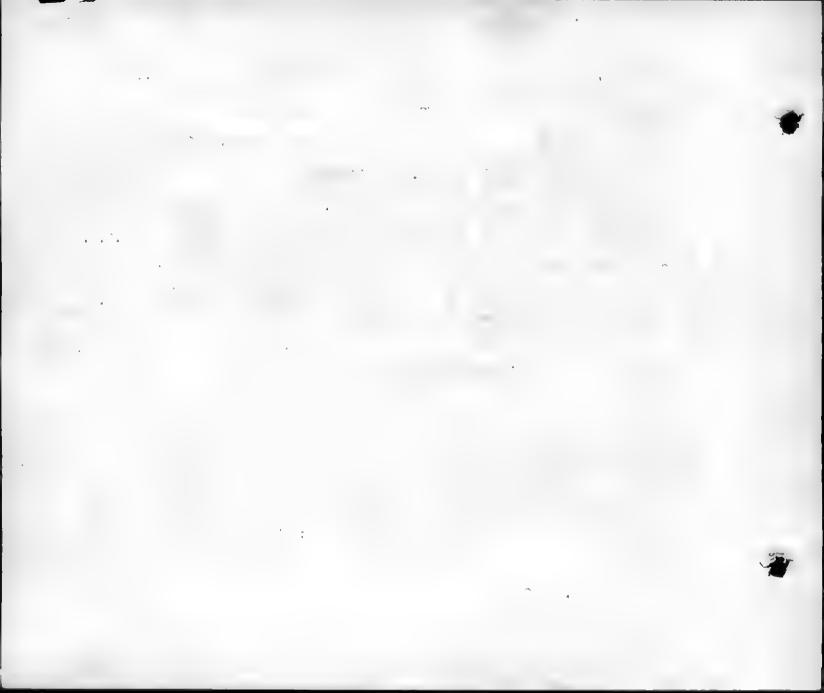
TO FUNERAL DIR page 3 should VS A15 (4) 15M 9/58

registrar





	MARYLAND STA	TE DEPARTM	ENT OF HEALTH	-BALTIMORE, 18	4.0000
	f 10883	CERTIFICA	ATE OF DEATH	Reg	10878
	1. PLACE OF DEATH O. COUNTLEGANY	MARYLAND	2 USUAL RESIDENCE (Who STATE MARYLA	nre deceased lived. If institution: Re	sidence before admission)
	RURAL and give nearest lown) CUMBER LAND d. NAME OF HOSPITAL (If not in hospital, give street oddress OR INSTITUTION	DAYS	c. CITY OR TOWN (IF or CUMBER d. STREET ADDRESS	utside carporate limits, write RURAL	e IS RESIDENCE ON A FARM?
P	MEMORIAL HOSPITAL 3. NAME OF First	Middle	1721 F	REDERICK STREET 4. DATE Month	VES NO X
	OFFICE OF SEX		PARSENIOS B. DATE OF BIRTH	9. AGE (In years IF U)	SER 17 1959
	MALE WHITE WIDOWED	DIVORCED	SEPT. 24, /9	lost highday) Man	
1	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	erand Cros	CDEECE	or fareign country) 12	U.S.A.
	STEVE PARSENIOS		14. MOTHER'S MAIDEN N. ATHENA	I referreli	3
	(Yet be or unknown) . Of we wanted an date of concest	-	MEMORIAL HOSPI	WICK & MEMORTAL TAL - CUMBERLAND	
	18. CAUSE OF DEATH [Enter only one couse per live for (r PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	0). (b), ghd (c).]	ten Car	Census	INTERVAL BETWEEN ONSE AND DEATH TO
	Canditions, if any, which gove rise to immediate cause (a), stating the under-	Censin	n Cui	7	3 manch
4.	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIL	BUT NG TO DEATH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING D CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IOW INJURY OCCURRE	D. (Enter nature of injury in P	art 1 ar Part II of Item 18)	
	20c TIME OF INJURY Manth, Day, Year 20d. INJURY Mile Not work of work	tot while fac	ACE OF INJURY (Home, form, ctary, street, affice bldg, etc.)	20f (City or town)	(County) (State)
	21. I certify that I ariended the deceased from		, 17.W/_, 10L/_	M, fram the couses and on	I last saw the deceased
	ACTUAL SIGNATURE XXIII / RE	is mod	M.D. TEXT	COORESS (Street, city or town, state)	DATE SIGNED,
	PHYSICIAN'S DR. REES		Clu	uhuland,	m
	Burney 12/19/59 Z	NAME OF CEMETERY O	R CREMATORY Park.	22d. LOCATION (City, town, or cou	Q. mcs (State)
	13. FUNERAL DIRECTOR'S SIGNATURE	DORESS	MA DATE OF	BY REGISTRAR 24b. REGISTRAR T 21 '59 Carlina	'S SIGNATURE T & Kraua.



director

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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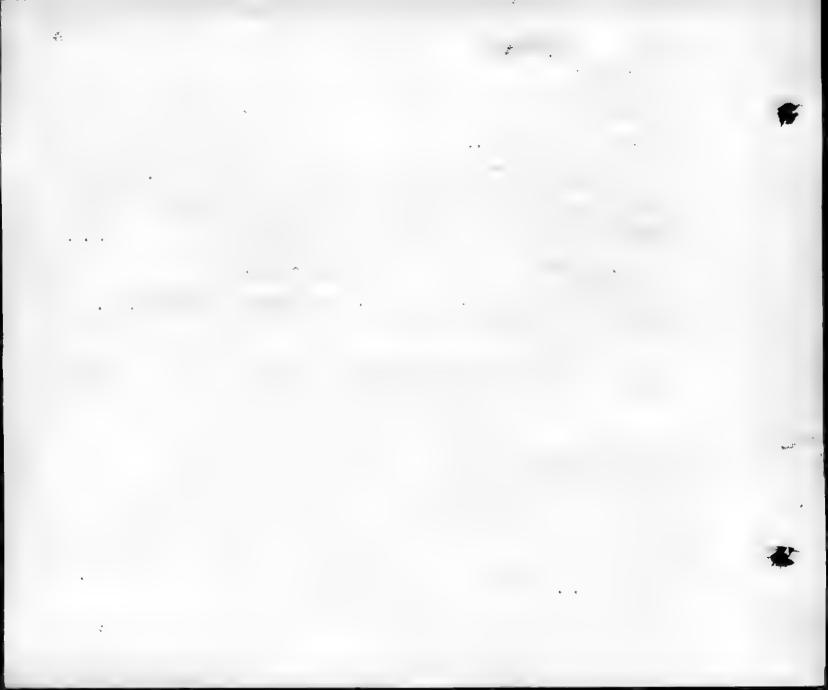
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VS A15 (4) 15M 9/5B

page

requires that the death certificate be

Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND MARYLAND **ALLEGANY** b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) CUMBERLAND CUMBERLAND 43 DAYS d NAME OF HOSPITAL III pot in haspital, give size of OR INST TUTION IE MOR ALL HOSP d. STREET ADDRESS e. IS RESIDENCE ON A FARM? & WARWICK AVES. YES NOV 301 GRAND AVENUE DATE OF DEATH NAME OF First Middle Lost Month Year DECEASED **GLADYS** M PITZER OCT. (Type or print) 19 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months Days Hours FEMALE WIDOWED T DIVORCED [WHITE yrs. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11), BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Public Health Cumberland. Md. Mirse 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE APPLE AGNES LIGHT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 215-20-537 HOSPITAL CUMBERLAND, MD. no CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying cause lost. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? YES NO 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c TIME OF INJURY Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form 20f. (City ar town) (County) (State) factory, street, office bldg, etc.) Hour o. m. While Not while at work at wark 21. I certify that I attended the deceased from 1922 that I last saw the deceased that death accurred at 5 AM alive and _M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S S.E. ENFYELD NAME (Type) 220. BURIAL, CREMAT ON 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) [Stote] REMOYAL (Specify) 10-10-1:59 Rose Hill Cemetery Cumberland, Burlal 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATEOCT 1 3 '59 James F. Scarpelli, Cumberland, Md.



VS A15 (4) 1SM 10/57





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

ON A FARM? YES NOT

Year

1959

Rea. Dist. No

Allegany

31st.

USA

(County)

12. CITIZEN OF WHAT COUNTRY?

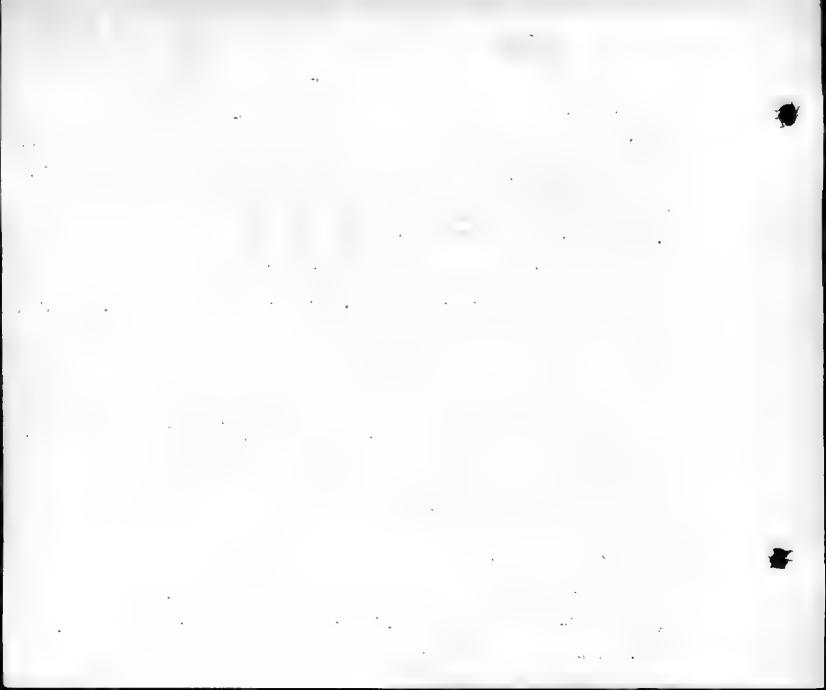
ONSET AND DEATH

he.

PERFORMED? YES NO R

(Slote)

(Stote)



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or. Page your files.		M)
E	r death.	(7.
leath. If any ond 3 to th ge 5 may be nd 2 with th	72 hours after		
This certifical should be exacted within 24 hours after demin. If any delay is an event "pending" in pending is them 18. Give Pages 1, 2, and 3 to the funeral of the Medical Examiner's Office along with form PM3. Page 5 may be retained the hould be used as a burial-transit permit. File pages 1 and 2 with the State Book and the state of the s	ior to boriol, cremation, or removal, and in any event within 72 hours after death		1
em 18. Giv long with fo	and is any		
be executed pencil is the control of	r removal,		
com should ending in il Exominer	emation, o		. 1
This certifies word "po-	boriol, cri		4d_
INER: ing the he Chi	ior to		

V5. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10883

-		Keg. Di	it. No.
1,	PLACE OF DEATH 1085	2. USUAL RESIDENCE (Where deceased lived. If institution Residen	nce before admission)
	o. COUNTY // E Gan is MARYLAND	RIVE and and b county 1100	anu
	b. CITY OR TOWN (If autiside corporate tim is, write RURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN If guiside carparete limits, write RURAL and	give nearest (awn)
	Cumberland	La Vale Md.	
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
-	Socred Heart Hospital	1931 National Highway	YES D NO P
3	DECEASED	Lost 4. DATE Month	Doy Year
	(Type or print) Lelia T	Ritter DEATH Oct	13 1959
ъ.		DATE OF BIRTH 9. AGE (In years If UNDER Months	YEAR IF UNDER 24 HRS
	TEMPLE 20 WIDOWED DIVORCED DIV	an, 22, 101 52 m	EN OF WHAT COUNTRY?
ľ	during most of working life, gren if retired)	14- 4 141	EN OF WHAT COUNTRY?
7	HOUSEWITE B. FATHER S NAME	14 MOTHER'S MAIDEN NAME?	(, S.H.
1	Moroan Shriver	Mary 1. Dagtelhouse	-23
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. IN	FORMANY	
I	(en no er unknown) (If yes, give wor or dates of service) 214-C5-5114 /	enneth S. Ritter Lavale,	ind.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Acute cardiac fa:	ilure; Pulmonary Congestion	10 Hrs.
ı	2/4X DUE TO		
Т	Conditions, if ony, which) (b) Addisons Disease	9	Years
Т	gove rise to immediate cause (a), stating the underlying DUE TO		
Ι.	couse lost. (c)		
3	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED?
1			AEZA NO
	= 200. EXTERNAL CAUSE WAS 205 DESCR.BE HOW INJURY OCCURRED (E- 2 PRIMARY □ or CONTRIBUTING □ 3 CAUSE OF OEATH.	nter nature of injury in Part 1 or Parl II of item 18 }	
		E OF INJURY (Home, form, 120f. (City or town) (Coul	nty) (Stote)
100000	Hour e, m, While Not while tacks p, m. 19 at work of wark	ry, street, office bldg., etc.)	
	21. 1 certify that I took charge of the remains described above	re, held on Autopsy	ond in my
	opinion death resulted from: Natural causes . Accident	, Suicide , Homicide , Undetermined m	onner 🔲
	ACTUAL BO 1 + XA-T-1	-	DATE SIGNED
	SIGNATURE DESIGNATURE DECLARENCE	_M D. CHIEF MEDICAL EXAMINER	
	EXAMINER'S NAME (Type) Benedict Skitarelic, M.D.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Oct 13 100	'o
2	NAME (Type) SCHOOLCT SKITCHELC, N. U. 20 BURIAL CREMATION [226 DATE THEREOF [22c. NAME OF CEMETERY OR		(Stote)
	Burial Oct. 16, 1959 Restlawn	Pometers Cimberland	1111
2	3 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	NATURE
	Louis stein, inc. Countaland,	Md DATE OCT 15'59 arily 8:	Trans.



Cumberland

Maryland

VS A15 (4) 15M 9/5B

IS RESIDENCE ON A FARM?

YES K NO

Year

10

Hours

INTERVAL BETWEEN ONSET AND DEATH

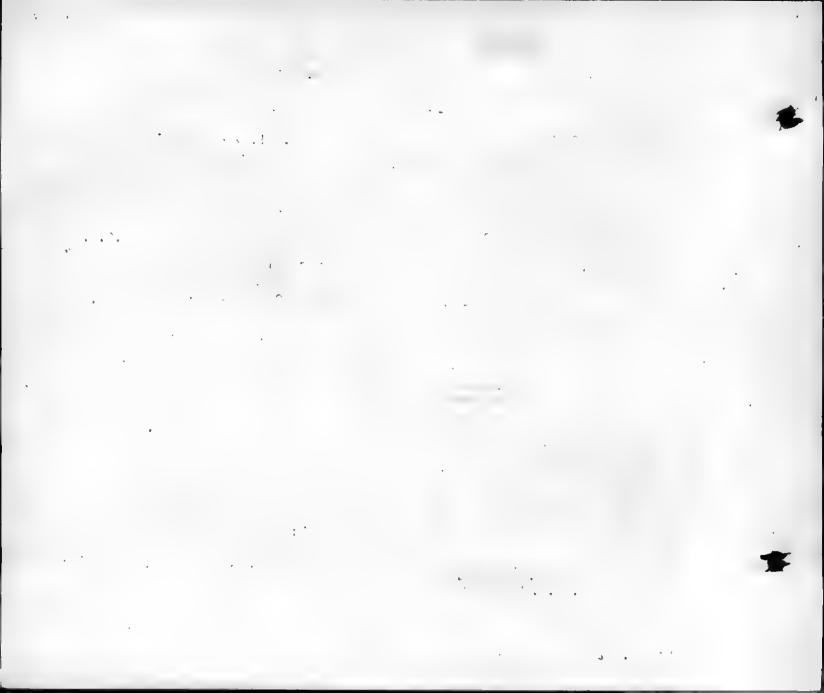
> PERFORMED? YES NO K

> > (State)

DATE SIGNED

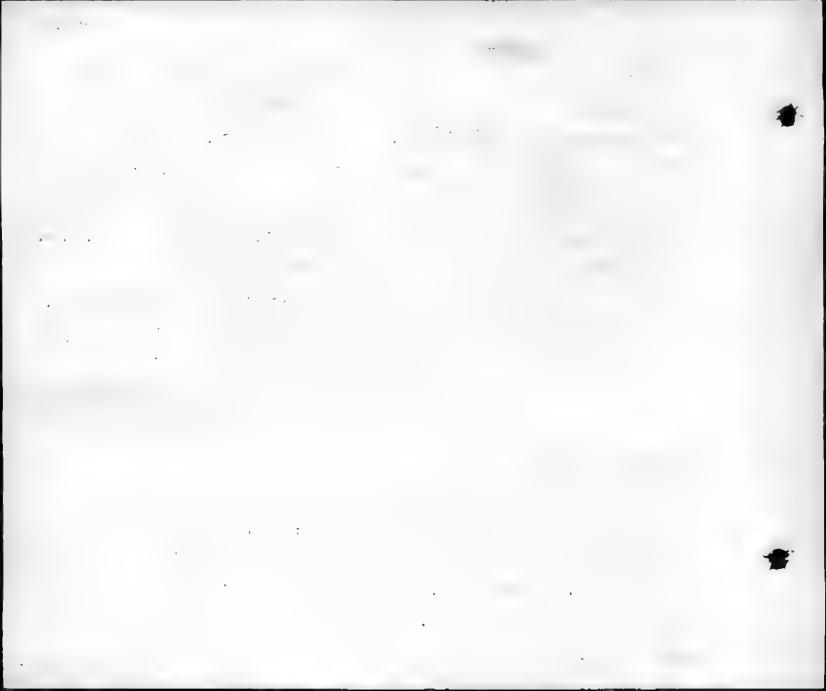
(State)

(County)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Litem 8. See: Birth Cert. et CERTIFICATE OF DEATH

	MART	em 8	. See: Bir	th	Cert. et	—BALIIM			108	85
	10	1007	9417111	14/	TIE OI DEATH		Re	ig. Dist. No	١.	
1. PLACE OF DEATH 0. COUNTY ALLEGA	ANY	000	MARYL	AND	2. USUAL RESIDENCE (WHO STATE MARYLAND		. If institution: f b. COUNTY	Residence before ALLEG		ion)
RURAL ond give r	RLAND		2 DAYS	N 16	CITY OR TOWN (If or	· ·	nits, write RURA	L and give ne	arest lown	1
d NAME OF HOSPI OF INSTITUTION ME MOR I AL	HOSPITAL		ORTAL &		d. STREET ADDRESS	ETTE ST.				DENCE FARM?
3. NAME OF DECEASED (Type or print)	PAMELA	rst	Middle ANN		SHIRES	4. DATE OF DEATH	OCTOBE	R 22		Year 19 59
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE		B. DATE OF BIRTH	9. AG	The second second	INDER I YEAR	_	
FEMALE	WHITE	WIDOWE	D DIVORCED		MARCH 29. 19		FIVE:	anths Days	Hours	Min
during most of wor	ON (Give kind of work rking life, even if retired	done 10b. I	KIND OF BUSINESS OR	INDUS	CUMBERLAN			12 CITIZEN O	FWHATC	
13. FATHER'S NAME		1			14. MOTHER'S MAIDEN N	<u> </u>	1			7,10
HUGH SH	IRES				ADEL6	WAITKUN	AS			
S. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES7 16. S	SOCIAL SECURITY NO.	- 11	NFORMANT		Address			
(Yes, no, or unknown)	(If yes, give war or dates of	service)			MEMORIAL HOS	PITAL	CUN	BERLAN	D. M	D.
Conditions, if a gove rise to couse (a), stating lying cause lost.	the under-	:}	ontributing to dea	TH BUT	NOT RELATED TO THE TERMIN	NAL D SEASE CON	DIFION GIVEN I	IN PART 1(a)	19 WAS	AJTOPSY
PART II OT									YES X	
20d. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING GOOD CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRE	D. (Enter noture of injusy in P	ort I or Part II of	item 18.)			
Y 20c. TIME OF INJUI Hour g. m. p. m.	RY Month, Day, Ye	ar 20d, IN While of work	Not while	20e. PL/ fac	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20F. (City or to	vn)	(County)		(Stole
21. I certify to	hat I attended the	decease, 19 5	70		accurred at 2:32	Cole-22 PM from the c	auses and a	in the date	e stated	ecease abave
ACTUAL SIGNATURE	Relph a	66	ite,		MD 112 Bed	ford and	ST.		19	122/
PHYSICIAN'S NAME (Type)	DR. RALP	H REI	TER MD.							
220. BURIA., CREMAT (MMOVAL (Speat)	10/35	159	22c. NAME OF CEME	TERY O	Cem.	22d LOCATION (berlo	il,	isto!	"A
23. FUNERAL DIRECTOR	Stan:	Inc	- Cumb	-20	DATE OC	BY REGISTRAR	24b REGISTRA	A S. Firm		



or removal.

VS. A15ME(5)

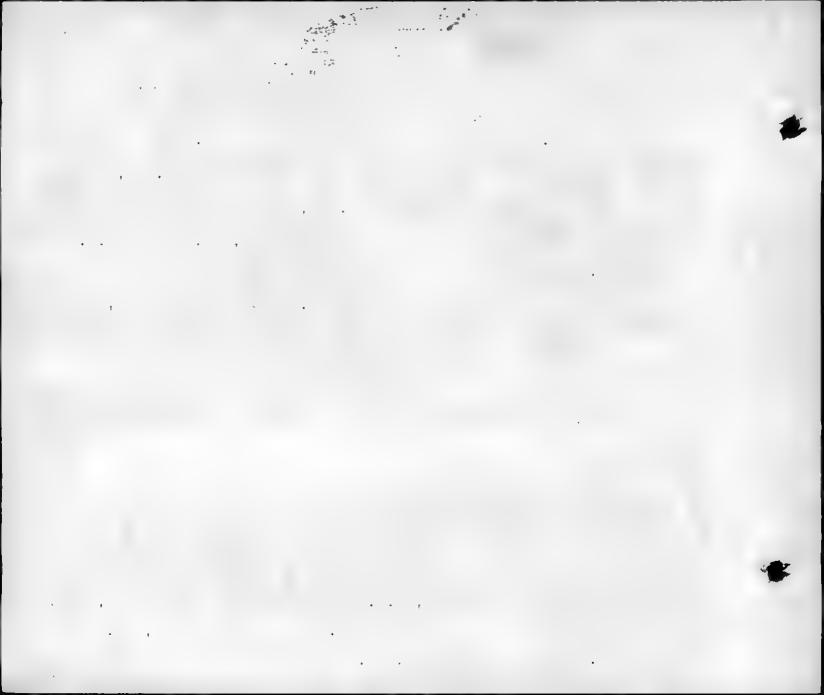
5M 9/55

28

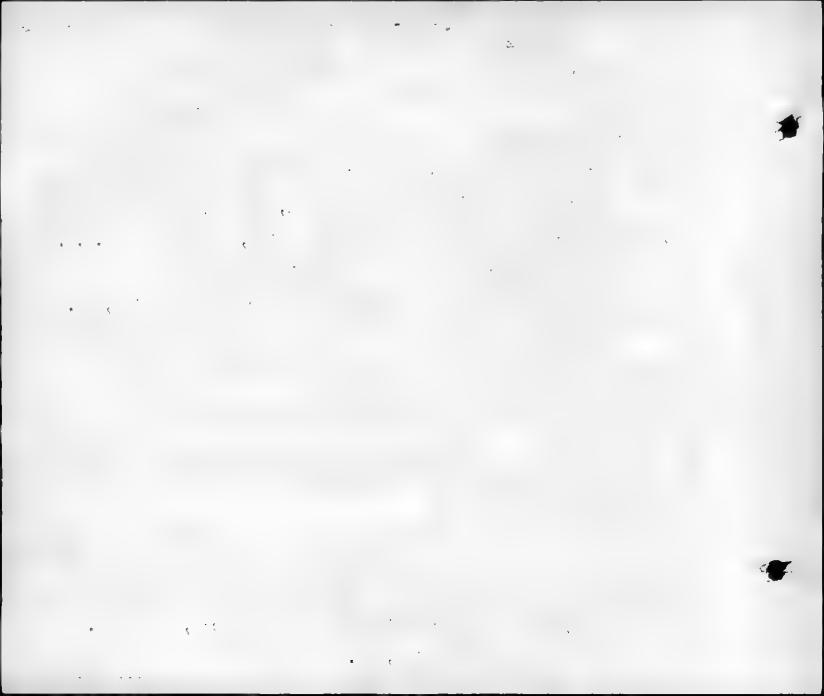
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10886

	1.0	1000							Reg. D	ist. No		
o. COUNTY	Allegany	1000	MARYI	AND	2. USUAL RESI			sed lived. If Ins b. COU	titution: Resid			ssion}
b. CITY OR TO	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland											
	ospital or institution of Greene St.	(If not in hosp	ital, give street address)	d. STREET A	odress 8 Gr	eene	St.			ON	A FARM?
NAME OF DECEASED (Type or print)	VELER IA		AMELIA	SM	IITH Lost	1	OP DEATH	O C	t. 14	Day	Y-	959
. sex Female	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED DIVORCED		DATE OF BIRTH	, 18	93	9. AGE (In years last birthday)	Months	Days Days	Hours	ER 24 HRS. Min.
during most of	PATION (Give kind of work working life, even if retired) BWIFE		ND OF BUSINESS OR II	NDUSTR		berl			12. CIT	U.		COUNTRY?
3. FATHER'S NA.		n			14. MOTHER'S A	a Ba	_					
5. WAS DECEAS YM, no. or unknown) NO	ED EVER IN U. S. ARMED FC		None	1	orge E	. Sm	ith	Belt	svill	е,	Mary	yland
Conditions, gave rise to (a), stating	F DEATH [Enter only one ca DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO if any, which immediate couse the underlying DUE TO	CC	or (a), (b), and (c).] ORONARY O ORONARY S							ONSE	VAL BETWEET AND DEA	ИН
<u> </u>	(contributing 2	IDITIONS CON	HOW INJURY OCCUR						GIVEN IN PAR		P. WAS / PERFO	AUTOPSY RMED? NO T
20c. TIME OF	INJURY Month, Day, Ye	ar 20d, IN While at work	Not while	e. PLAC facto	E OF INJURY (H	ome, form, bldg., etc.)	20f. (City	y or fown)	(Co	unty)		(State)
	fy that I took charge ulted from: Natural	_			cide 🔲, He	omicide	<u> </u>	nspection (ndetermined		ry □X .].	, and f	find that
SIGNATURE EXAMINER'S NAME (Type)		SKIT	ARELIC. N	ر ا D	ASSISTAN	EDICAL EXA IT MEDICAL MEDICAL EX	L EXAMINE	R	OBER	L4.	195	
Buria			HillCre					TION (City, tow	. ''	d.	(State	»}
3. FUNERAL DIRECTOR	ctors signature es L. Georg	e Cu	ADDRESS mberlamd,	Mo		240. REC'D			GISTRAR'S SIE Inthun 2.	1 11		



10887
ist. No.
egany
give nearest town)
e. IS RESIDENCE ON A FARM? YES ☐ NO □X
25 Yeor 19 59
R 1 YEAR IF UNDER 24 HRS Doys Hours Min
U.S.A.
ng, Md.
INTERVAL BETWEEN ONSET AND DEATH
RT 1(0) 19, WAS AUTOPSY PERFORMED? YES NO (2)
(County) (State)
last saw the deceased the date stated above DATE SIGNED
P11101.
Md. (Stole)



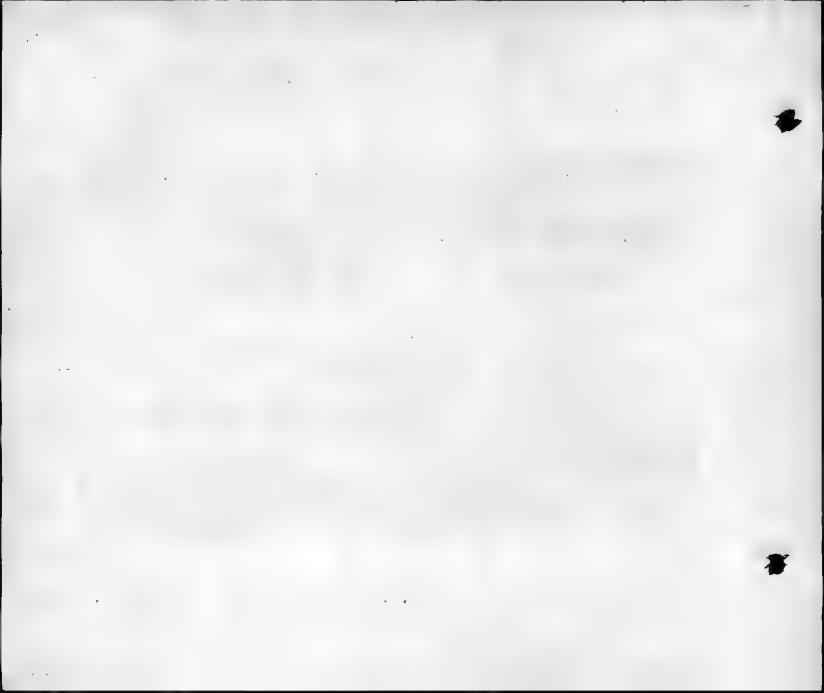


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1680				KEG. DISI, 140
1 PLACE OF DEATH			Vitera deceased lived If institution	
Allegany	MARYLAND	mary	land b. COUNTY	Allegany
b CITY OR TOWN (if outside corporate limits will to RURAL and give nearest town)	C. LENGTH OF STAY IN 16		outside corporate limits, write RI	JRAL and give nearest town)
Cumberland,	45 dys.	Cumber	land,	-
d. NAME OF HOSPITAL OR INSTITUTION (If not in he	spital, give street address)	A. STREET ADDRESS		ON A F RMA
Sacred Heart Hosp.		<u> 566 Pat</u>	terson_Ave.	YES NO N
3 NAME OF First DECEASED (Type or print) DAVID	MANN	STEELE	4. DATE Month OF DEATH OCt.	9, Yeor
5. SEX 6 COLOR OR RACE 7. MARRI Male White WIDOWE		Dec. 3, 19	leat furthelm)	FUNDER TYEAR IF UNDER 24 HRS Months Days Hours Min.
10a USUAL OCCUPATION (Give kind of work dane 10b during most of warking life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
State parole officer M	ld. State Gov	t. Lonacon	ing, Md.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
William Steele		Agnes	Thomson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. of unknown] [If yes, give wor or dates of service] 2]		s. Mary A.	Steele 566	umberland, Md. Patterson Ave.
18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]	And the second s		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Pulmonary	embolism,	massive	Sudden
903.5° DUE TO				
Conditions, if ony, which) (b)	Fracture o	of left hip)	45 Days
gave rise to immediate couse (a), stating the underlying DUE TO				
cause lost. (c)				
PART II, OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	HALDISEASE CONDITION GIVEN	PERFORMED?
None				YES X NO
CAUSE OF DEATH.	ell On Side &	alk		
20c. TIME OF INJURY Month, Day, Year 20d. Hayr A : 308 m. Aug. 25, 1959 While of w.	INJURY OCCURRED 20e PLAC	CE OF INJURY (Home, form sty, street, affice bldg , etc.		(County) (State)
4 308 m Aug. 25, 1959 White	ork A of work St	reet	' Cumberland,	Allegany Md.
21. I certify that I taak charge of the	remains described abo	ve, held an Autaps	y XI. Inspection XI.	Inquiry X, and in my
apinian death resulted from: Natural	causes [], Accident	. Suicide . 1	Hamicide . Undetern	nined manner
ACTUAL Benedict X	Sketarelic	M D. CHIEF MEDICAL EX		DATE SIGNED
EXAMINER'S Benedict Skit:	arelic M.D.	ASSISTANT MEDICAL I	_	Oct. 9, 1959
270. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Buriak 10/12/1959	Oak Hill Ce		22d. LOCATION (City, town, or Lonaconing,	county) (State) Maryland
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 246 REGISTI	MAR'S SIGNATURE
Charles L. George Co	umberland, Md.	DATEO	T 1 3 '59 Cut!	WT & Kraus



DEPUTY



prior lo

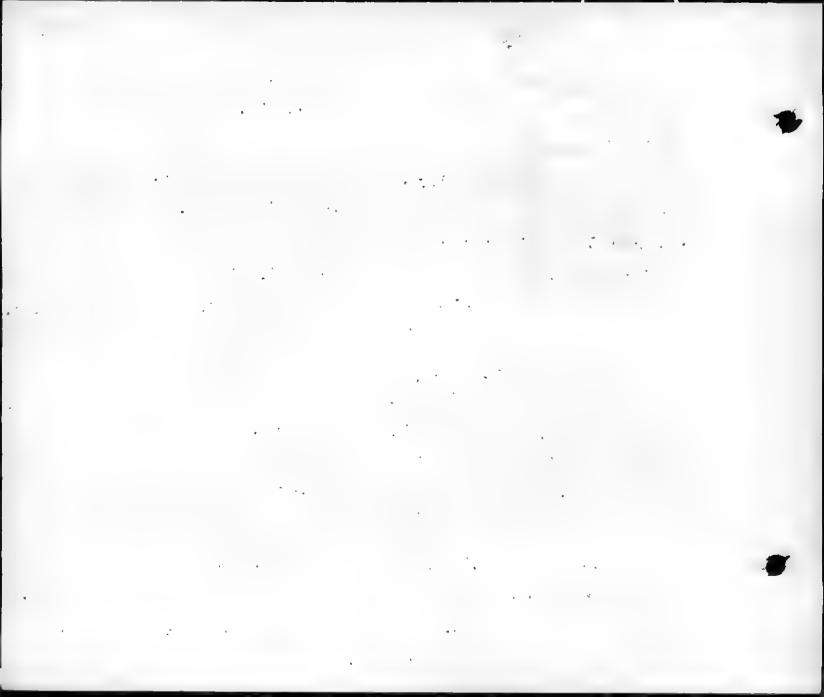
TO HOSPITAL OR may be retaine TO FUNERAL DIP page 3 shauld b

VS A15 (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10912

CERTIFICATE OF DEATH

	Keg. Dist. 140.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Allegany MARYLAND	Maryland 6. COUNTY Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Frostburg 5 days	Route 1, Mt. Savage
d. NAME OF HOSP TAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e IS RESIDENCE ON A FARM
Miner's Hospital	YES NO.
3. NAME OF DECEASED (Type or print) First Middle (Type or print) Joseph C.	Taccino 4. DATE Month Doy Year DEATH October 26th, 19 5
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 F
Male White WIDOWED DIVORCED	Aug. 23rd, 1888 lost birthdoy) Months Days Hours Mi
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT
RetSelf Employed Restaurant	Italy USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Michael Taccino	Marie Sicoli
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or doles of service)	INFORMANT Address Box 2
216-30-3672 M	rs.Elizabeth Taccino, Rt.1, Mt. Savage
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEE
PART I DEATH WAS CAUSED BY:	a?. (Calleday 3 males
260 X DUE TO	
Conditions, if ony, which) in although the	Course Hickory
gave rise to immediate	" The contract of the contract
cause (o), stoting the under DUE TO	ile tua
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	PERFORMED YES NO
- 777	ED (Enter noture of injury in Part I or Port II af item 18.)
Haur a.m. While Not white fo	LACE OF INJURY (Hame, farm, 20f (City or town) (County) (Stactory, street, affice bldg, etc.)
p. m 19 at work at work	
21. I certify that I attended the deceased from June	1956 to 10/26, 1924that I last saw the decea
	h accurred at 9-10AM, from the couses and on the date stated abo
1 1, 1 750 1	ADDRESS (Street, city or town, state) DATE SIG
SIGNATURE to And Conf Xo LEGIT	M.D. 48 Broadway
	• ***** (******************************
PHYSICIAN'S Martin M. Rothstein	" Frostburg, Mc
220. BURIA., CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial 10-29-59 St. Patrick	i's Cemetery Mt. Savage, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Joseph R. Durst, Frostburg,	Md. DATEDCT 29'59 withing S. House



. .

reath. Page 4

may be retained the haspital or attending physician.

TO FUNERAL DICE OR: After this certificate has been signed by the attending physician and campletely filled in by the funipage 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2 should the registrar priar to burial, cremation, as removal, and in any event within 72 hays offer death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

TO HOSPITAL OR

VS A15 (4) 15M 9/58

MADVIAND STATE DEPARTMENT OF BEALTH DALTIMORE 10

10893 eg. Dist. No.

	MARTLAND SI	ALE DEPARTMENT OF HEALTH—BALTIMOKI	., 10
	10893	CERTIFICATE OF DEATH	R
F DEATH		2 USUAL RESIDENCE (Where deceased lived. If in	titution

	PLACE OF DEATH O. COUNTY				2	USUAL RESIDENCE (Who	ere decease			ce before	admission	1)
1		EGANY		MARYLAND		MARYLA	MD	b. COUNTY	ALLE	GANY		
	b CITY OR TOWN (IF RURAL and give ne CUMBERLA	orest town)	ts, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (IF of		otote limits, write I	RURAL and g	give neare	est town)	
	MAME OF HOSPITA	HOSPTTAL"	ive street	oddress)		STREET ADDRESS				e,	IS RESIDI	
Į		& WARWICK				123 R/	ACE ST	URIDAN			YES 🔲 I	
	3 NAME OF DECEASED	Fir	si	Middle		Lost	4. DATE OF	Moi	oth	Day	Yes	or
	(Type or print)		ANN		-	WATKINS	DEATH	00101		18		59
	5 SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. E	ATE OF BIRTH		9. AGE (In years last birthday)	Months		Hours Hours	24 HRS. Min
	FEMALE	WH TIPE	WIDOW	44		APRIL 5 18		7/1 yrs.				
I	10a. USUAL OCCUPATIO during most of work	IN (Give kin d of work in ing life, even if retired	done 10b.	KIND OF BUSINESS OR INC	USTRY	11. BIRTHPLACE (Stote	or foreign o	country)	12.CITI	ZEN OF V	VHAT CO:	UNTRY?
		me Housev	<u>vife-</u>	-Own Home		WEST VIRO			U	S.A.	•	
	13. FATHER'S NAME				1	4. MOTHER'S MAIDEN N	IAME					
		RSON H. MII				SARAH MC	DON					
1	15. WAS DECEASED EVER	t IN U.S. ARMED FOR If yas, give war or dates of s		SOCIAL SECURITY NO	INFO	RMANT		Add	Iress			
	no			none	ME	MORIAL HOSPI	ITAL	CUMBER	LAND,	MARY	YLAND	
	PART I, DEAT	TH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO IV. which) Inmediate (b)	1	Dryces	y To let	thrombonis	i d	Toman	~ · ·	ONSE	VAL BETY T AND D	VEEN EATH
i	couse (a), stoting the lying couse lost. Pant II OTH	(c)	ONTR BUT NG TO DEATH B	UT NO	T RELATED TO THE TERMIN	NAL DISEAS	SE CONDITION GI	VEN IN PAR	' '	PERFORA	AED?
	PART II OTH 20a ACCIDENT WA OR CONTRIBUTING URFEITHER, NOTIFY 20c. TIME OF INJURY Hour o. m.	CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Ye		Not while	PLACE	of injury (Home, form, street, affice bldg, etc.	. 20f. (Cit	y or town)	(0	County)	YES 🔃 1	(Stote)
	₹ p. m.	19	at worl	c of work			i					
	actual SIGNATURE	or I attended the	., 19	, and that dea	th ac	1959, to Concerned at 3:05 I	M, fram ADDRESS (S		nd on the		stated a	
	220. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREC	F	22c. NAME OF CEMETERY			22d. LOCA	TION (City, town,	or county)		(State)	
1	Burial	10-22-	59	Hillcrest	Βι	rial Park	C	umberla	nd. N	ld.		
1	23. FUNERAL DIRECTOR'S			ADDRESS		24a REC'C	AY REGIS	TRAR 246 REG	ISTRAR'S SIC			
	James F.	Scarpel	li,C	umberland,	Md	DATE	31			, , , , , , , ,		



22

PIIO

ion and com corban pape ofter death.

please remove within 72 hours

buriol-transit

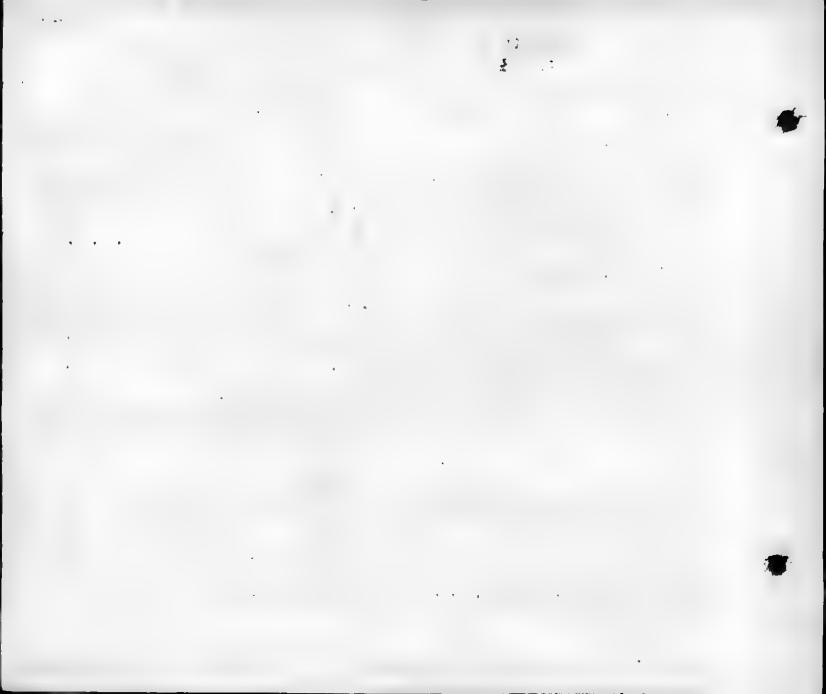
prior

moy be reloined

TO FUNERAL DI

page 3 should @

certificate be





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10896

IS RESIDENCE

ON A FARM?

YES INO X

ALLEGANY

Days

(County)

arthur & House

DATE OCT 1 9 '59

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

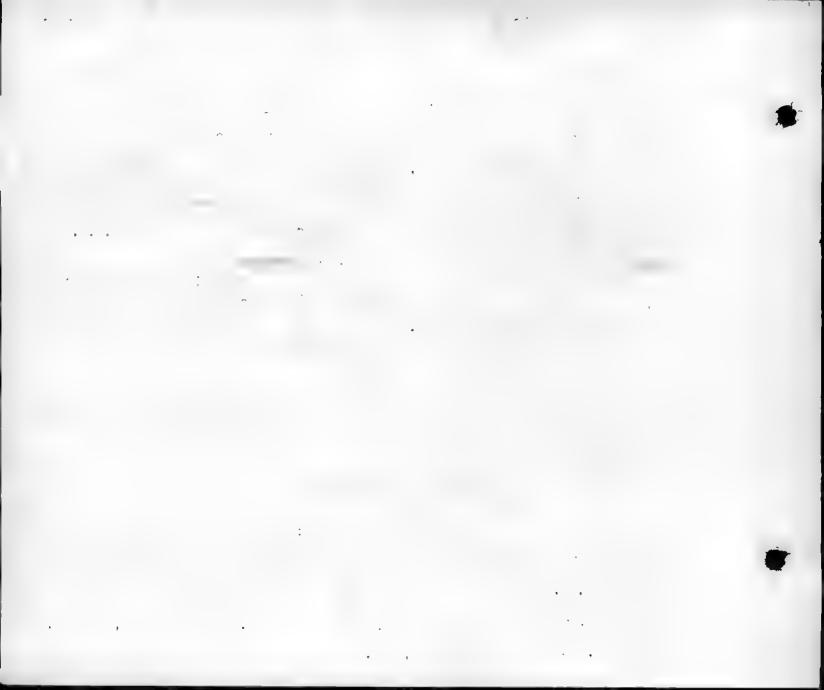
PERFORMED?

YES NO 14

(State)

U.S.A.

VS A15 (4) 15M 9/5B



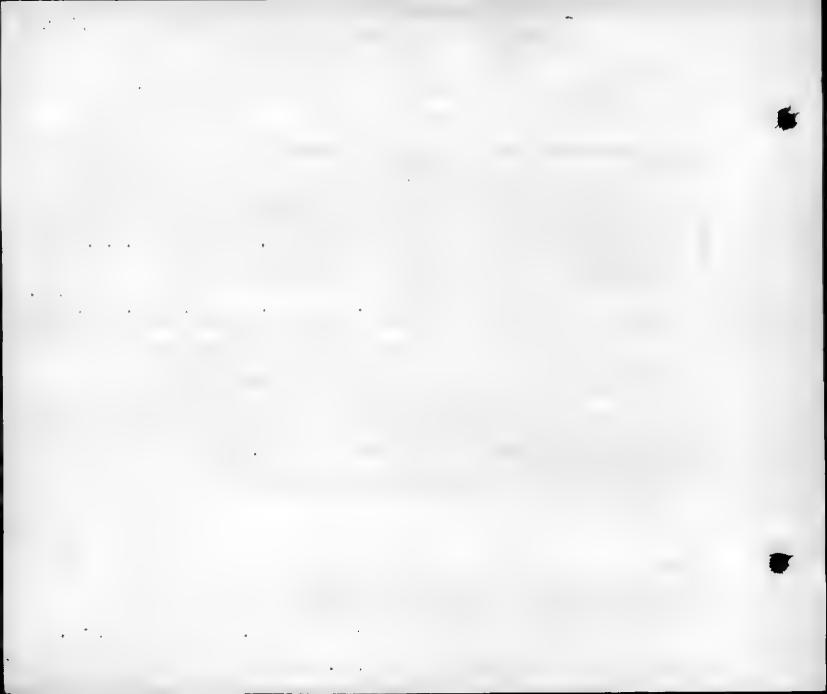
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10913 CERTIFICATE OF DEATH

10897 Reg. Dist, No.

	PLACE OF DEATH		2. USUAL RES	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)							
		legany		HORSON	d. SIAIE	Marvlan	nđ	b. COUNTY	Alleg	ranv	
	CITY OR TOWN (IF	autside carporate limits,	write c. Ll	ENGTH OF STAY IN	16 c. CITY OR	TOWN (If outside	carporote li	mils, write R			own)
	Frostbur	•	L	ifetime	Fros	thurg	22				
-	OR INSTITUTION	L (If not in hospital, give	street addre	55)	d. STREET		1			e. IS	RESIDENCE N A FARM?
<u></u>		ospital			<u>- 100 1</u>	Cast Ma	<u>in</u>			YES	Пом
	NAME OF DECEASED	First		Middle			ATE	Mor		Day	Year
	(Type or print)	Charles		G.	Wilson	1 0	EATH, O	ctobe	F	22	19 59/
5. 5			MARRIED	NEVER MARRIED			9 AC	E (In years			VDER 24 HRS
	M		IDOWED 📋	DIVORCED [85 yrs.	Manths D	Days Hou	rs Min
10a	. USUAL OCCUPATION	N (Give kind of work doning life, even if retired)	e 10b. KIND	OF BUSINESS OR I	NDUSTRY 11. BIRTHI	LACE (State or for	eign country	}	12 CITIZ	EN OF WH	AT COUNTRY?
	Carpente		Ret	ired	Sha	aft, Md.			U.	S.A.	
13.	FATHER'S NAME				14 MOTHER	S MAIDEN NAME					
	Jacob Wi	lson			Eli:	zabeth	Boden				
15.	WAS DECEASED EVER	IN U. S. ARMED FORCES		AL SECURITY NO	17. INFORMANT			Add	resi Fros	stour	.B. ind.
110	. na ar unknown) It	None		10-6801	Mrs. Eve	al vn I.	Wils		00 E.I		
		H [Enter only one cause				- J			23 42		BETWEEN
	PART I DEAT	H WAS CAUSED BY:		G.	0 0	-00	(ONSET AL	ND DEATH
		/ DUE TO	* .		<u>coval</u>	1000	יייניייייייייייייייייייייייייייייייייי	<u> </u>		31	d
	422.	/		(. 0 .	2	00	r.	,		
	Conditions, if an gave rise to im	mediate			arebral .	anlene	LV Sc	<u> Le Loy</u>	40	± ((17.
	cause (a), stating t	bu under- DUE TO	a	. 1	0 +	· .					
z	lying cause last.	(c)	100 310	ANCONO S	Cherica .		/ Ouc	_1_0		1 1	<u> </u>
CATION	PARI II. CIAI	R SIGNIFICANT CONDITI	CONT	BUTING TO DEATE	C. BOL MOLKETYJED I	O THE TERMINAL D	NISEASE CON	IDITION GIV	EN IN PART	(o) 19 WA	REORMED?
FIC	20- ACCIDENT WAS	Lonary	SCU	erosis:	cne	alucco	d ast	erens	clinos	YES	□ NOX8
CERTIF	200. ACCIDENT WAS OR CONTRIBUTING OF (IF EITHER, NOTIFY A	CAUSE OF DEATH MEDICAL EXAMINER)	D. DESCRIBE	HOW INJURY OCC	URRED (Enter noture	at injury in Part E	ar Part II at	item 18)			r
MEDICAL	20c, TIME OF INJURY	Manth, Day, Year	20d. INJURY	OCCURRED 20	e. PLACE OF INJURY	(Home, farm, 20)	City or to	wn)	(Co	unty)	(Stote)
MED	Hour o.m.		While at work 🔲	Nat while of wark	factory, street, affi	e blog., etc.)					
~		it I attended the de) 0	17, 19 <u>.5</u> °	4- (0) 63	9 > 7	1055		6	
	alive an CO 5	The Tall	10 5 9			-,0-7-5	L	المهرا الم	,, mar i ia	ist saw tr	ne deceased
	dilve dil_3_2_c	-	- Vanadarah	, and indi de	eath accurred a		Fram the ESS (Street, c			e date st	DATE SIGNED
	ACTUAL SIGNATURE	70 . Je T.	Hai	1 of	3/	7 %	1		-		ATE SIGNED
	SIGNATURE	Comment.	1-1-KV V	A FAA	M D. 15-60	العصللتناكم	crystars:	تــــکدد			10/
	PHYSICIAN'S NAME (Type)	RANK T.	HAR	RAT		nostre	 -43-5	Ma	rylan	٤(,	
	BURIAL CREMATION	, 226. DATE THEREOF	22c	NAME OF CEMETE	RY OR CREMATORY	22d.	LOCATION	City town,	or county)	IS	late)
220	DEMOVAL ICARRES										
220	Burial	10-25-59) J	ohnson!	s Cemete:	cy R	t.#40	, Fro	stbu	,	id.
L	BUTIAL FUNERAL DIRECTOR'S			ohnson's		240. REC'D BY I		24b REGIS		rg, ii	'



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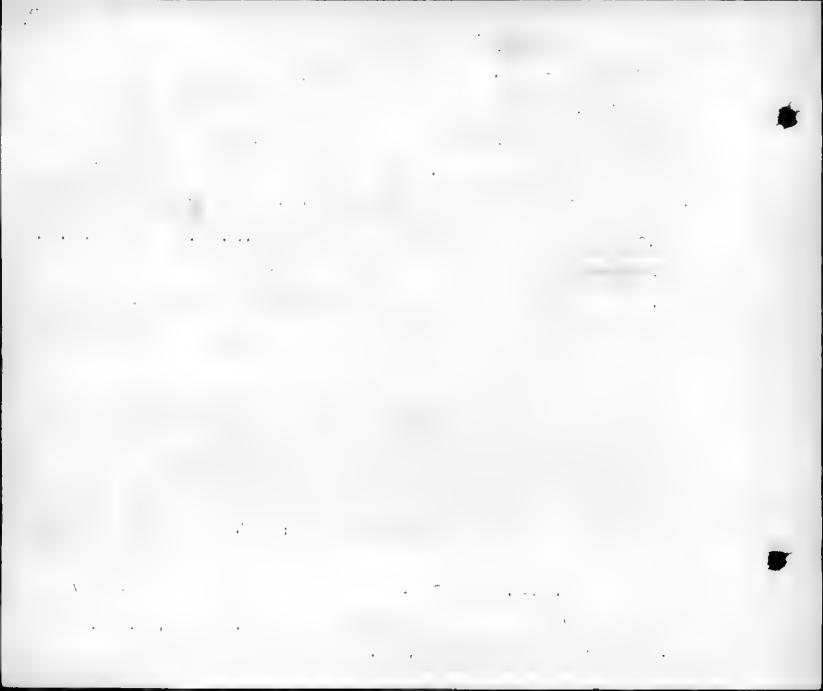
TO HOSPITAL OR AJTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours of

VII A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CER1	IFICA	TE OF	DEA	TH
- LIVI		IL VI		

	111847				leg. Dist. No.
	1. PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WHO MARYLAND	ere deceased lived of institutions b. COUNTY	Res dence before admission) ALLEGANY
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) CUMBER LAND . MARYA LAND	DAY		utside corporate limits, write RUR MARYLAND	At and give nearest town)
a ^g	d NAME OF HOSPITAL (If not in hospital, graph MO OR INSTITUTION MEMORIAL HOSPITAL WAT	RTAL & RWICK AVES.	d STREET ADDRESS	WOODLAWN	e. IS RESIDENCE ON A FARM? YES NO M
	3. NAME OF DECEASED (Type or print) CARRIE	Middle R.	WIMER	4. DATE OF OCTO	OBER 14 Year 59
	FEMALE WHITE WIDOWS	DIVORCED DIVORCED	JANUARY 4,	1882 das (hday) A	UNDER 1 YEAR IF UNDER 24 HRS Annths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind af work dane during most of working life, even if retired) HOUSEWORK 0	KIND OF BUSINESS OR INDUS		cO.,W. VA.	U. S. A.
1	Hamilton Shobe		14. MOTHER'S MAIDEN N	MARY JANE	
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) NO (If yes. give wor or dates of service)	***	NFORMANT MEMORIAL HOSF	Address PITAL CUMBERLAN	ND, MARWLAND
	MANUEDIATE CHOSE (O)	septene's The	rembaria - y	gangnerone le	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the under-		thron Ancie		10 Aus
)	lying cause lost. (c)	peatenaine,	NOT RELATED TO THE TERM		HIN PART 1(0) 19. WAS AUTOPSY PERFORMED?
		CRIBE HOW INJURY OCCURRED	CEnter nature of injury in I	Port 1 or Part II of item 18 }	YES NO
	=	_ Not while _ fac	ACE OF INJURY (Home, form tary, street, office bldg., etc.		(County) (State)
	21. I certify that I attended the decease alive on Oct 18 195	ed from OeV-13	occurred at 6:40	M, PM the causes and	at I last saw the deceased an the date stated above
	ACTUAL SIGNATURE Dr. Donald	B. Grove	M.D. Curuha	ADDRESS (Street, city or town, sto	ny land
1	PHYSICIAN'S DECOMPOSECONO	MODE MANAGEMENT			10/16/59
	Bur Ta 1 (Specify) 22b. DATE THEREOF 10/17/59	22c. NAME OF CEMETERY OF Harper Ceme	r CREMATORY etery	Nr. Harmon,	W. Va.
	23. FUNERAL DIRECTOR'S SIGNATURE H. Wayne George Cum	aberland, Md.			RAR'S SIGNATURE

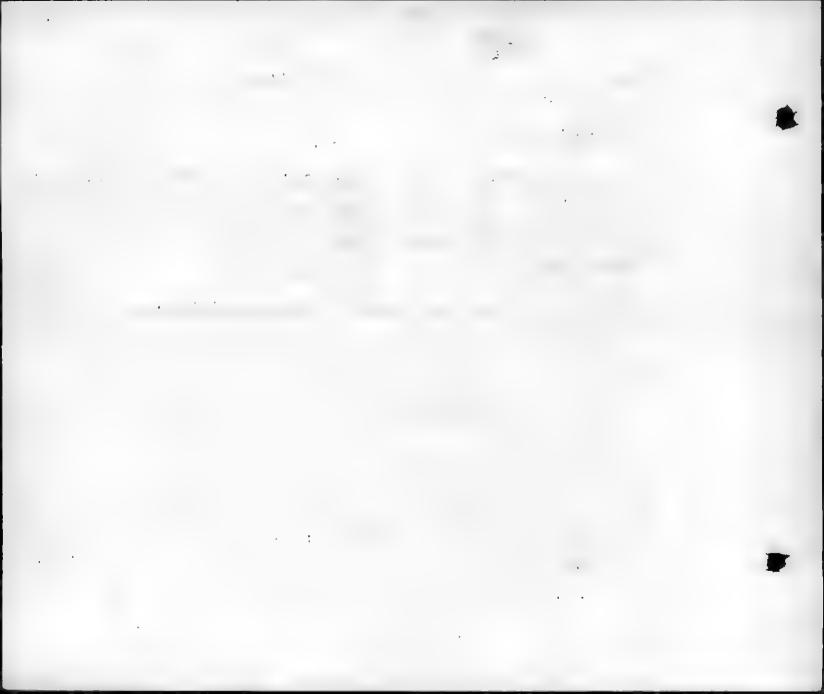


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%	<u> </u>			<u> </u>			keg. Dist. 140.				
1		PLACE OF DEATH COUNTY ALLEGAN	Y	MARYLAND	2. USUAL RESIDENCE (WHO OF STATE WEST VIR	GINIA b. COUNTY	m: Residence before admission) MINERAL				
	ŀ	CITY OR TOWN (I	f outside corporate limits, write grest town)	c. LENGTH OF STAY IN 15		utside corporate limits, write RU	JRAL and give nearest fown)				
	L	CUMBERLA	ND	2 DAYS	RIDGELEY	,	8 - X - 3				
	1	OR INSTITUTION	AWENOR PART HOSET	TAL TAL	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
	_				RT. #1	7-	YES NO T				
		NAME OF DECEASED (Type or print)	DUETT	A G	WINTERSTINE	4. DATE Month OF DEATH OCTOBI					
	5. 9	FEMALE	6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH AUGUST 20	I 902 9 AGE (In years lost birthdoy) 57 yrs	Months Days Hours Min.				
	10o	. USUAL OCCUPATION	ON (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
	I		e - Sales 4ad	ly Clothing	Store Keys	ser, W. Va.	USA				
	13.	FATHER'S NAME	DORE COMBS		14. MOTHER'S MAIDEN N	IAME					
					Margaret	Combs					
			R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	NFORMANT	Addre	ess				
	Ĺ	No		<u> 14-05-6158 M</u>	EMORIAL HOSPI	TAL, CUMBERLANI					
			TH [Enter only one couse per li	ne for (o), (b), and (c),	man Cool	Marrah	ONSET AND DEATH				
		HAZO DUE TO									
		Conditions, if o	ny, which) (b)	Chroni Neu	endite		YORK.				
		gove rise to it couse (a), stating	nmediate (1 2				
		lying couse last	(c)								
)	CERTIFICATION	Pant il. OTH	IER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GIVE	EN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO (2)				
		20g ACC DENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 206. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	fort I or Port II of stem 18.)					
	MEDICAL	20c. TIME OF INJUR Hour o.m.	While	NJURY OCCURRED 20e. PL Not while k of work	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f (City or tawn)	(County) (Stote)				
	^		at 1 ottended the deceas	Vai	19 51 , ta	1957	that I lost saw the deceosed				
		olive on_ 9		494	-	•	d on the date stated above.				
		(1/2//	1 Pd	0175	ADDRESS (Street, city or town,	stote) DATE SIGNED				
		ACTUAL SIGNATURE	Fillmenelle	My TAB	M.D. 135 VINA	inia Ave	10/20/09				
		PHYSICIAN'S NAME (Type)	DR. G. OVERTON	HIMMELWRIGHT	Cumberl	and, Maryland	· · · · · · · · · · · · · · · · · · ·				
	220	· BURIAL, CREMATIO REMOVAL (Specify)	N, 225. DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, fown, o	or county) (Stote)				
		Burial	10-25-59		Memorial Par						
		EUNERAL DIRECTOR		mberland, Mai	ry land		TRAR'S SIGNATURE				
	L				DATECT	27'59	0 80				
							- nagy //6				

moy be retained; the haspital or attending physician.

Defuneral Difficial OR: After this cert ficate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours offer death. Peath. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of moy be retoined TO FUNERAL Diff VS A15 (4) 15M 9/58



VS. A15ME(5)

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cremotion,	(1
ricl, c	-	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	10000						Reg. Dis	t. No.		
1. PLACE OF DEATH Q. COUNTY	Allegany	033	MARYLA	O STATE	SIDENCE (V	Vhere decease	ed lived. If Institu			mission)
b. CITY OR TOWN	If outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	THE RESERVE AND THE RESERVE AN	R TOWN (II	outside corp	orote limits, write	The Person Name and Address of	A	(nwo)
Cumb	erland		16 hrs	X	ELLE	RSLIE				
			pitat, give street address)	d. STREET	ADDRESS				0	RESIDENCE
	orial Hosp	OTPST				7			YES	□ NO [
). NAME OF DECEASED (Type or print)	SARAH	p	ANN	WOLFE	iŧ	4. DATE OF DEATH	Oct.	5	Doy	Year 1959
FEMALE	WHITE	WIDOWED		OCT 8	н В. 186		9. AGE (In years fost birthday) 90 yrs.	Months D	YEAR IF UN	Min.
USUAL OCCUPAT Juring most of work HOUSEWITE	ION (Give kind of work of ing life, even if retired)	done 10b. K	IND OF BUSINESS OR IN	DUSTRY 11. BIRTHP		or foreign co			EN OF WHA	T COUNTR
3. FATHER'S NAME				14. MOTHER'S	MAIDEN I	NAME			0.00	
	HENRY HA	RTGE		E1:	izabe	th Finl	k			
15. WAS DECEASED E	VER IN U. S. ARMED FOI (If yes, give war or dales of s	service)	SOCIAL SECURITY NO.	17. INFORMANT MEMORIAL	. HOSF	PITAL,	CUMBE	RLAND,	, MD.	
	ATH [Enter only one cou	se per line i	for (o), (b), and (c).]						INTERVAL BET	WEEN
PART I. DE	ITH WAS CAUSED BY: IMMEDIATE CAUSE (o)		ACUTE CAR	DIAC FA	ILURI	2			16	hrs.
420.1	DUE TO		CHRONIC M	YOCARDI'	PTS				39.35	***
Conditions, If gave rise to imm	diote couse		OILTONIO A	ILOUANDI.	LIO				***	20 74
(o), stoting the	underlying DUE TO		CORONARY	SCLEROS	IS W	TH CA	ALCIFIC	ATION	MAR	KED.
2			NTRIBUTING TO DEATH E			-	CONDITION GIV	EN IN PART	PER	FORMED?
1	NTERTROCHA				FT H.		***		YES 7	NO [
20g. EXTERNAL CA	ONTRIBUTING A	-	LL AT SMIT				HYNDM	AN P	Α.	
20c. TIME OF INJ		While	Not while	PLACE OF INJURY (foctory, street, office	Home, farm bldg., etc)		{Coun		(State)
	Oct.4 195			Jursing			nn's Ch			
	hat I taok charge d fram: Natural (_	emains described :], Accident [],		Autops Hamicide		spection X determined c		X, and	I find th
	1	, 11	1	_		_				
SIGNATURE N	Denedict	16	darelan	M.D. CHIEF	MEDICAL E	KAMINER			DATE	ESIGNED
EXAMINER'S				ASSISTA	ANT MEDIC	AL EXAMINE	2 🗆			
	Benedict S	Skite	relic. M.I	DEPUTY	MEDICAL	EXAMINER D	Cot	. 5.	1959	
REMOVAL (Specif			22c. NAME OF CEMETER	OR CREMATORY			ord, Pa. R		(51)	ote)
Rurial 3. FUNERAL DIRECTO	rs signature	8,199	9 Mt Smith	Cometery-	24g, REC*	D BY REGISTI		TRAR'S SIGN	VATURE	
Hower	The Leea	las	Hyndman, Pa.		DATE			- 24		

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death.

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registrar

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remaval,

CERTIFICATION

MEDICAL

haspital ar attending physician

ATTENDING PHYSICIAN: The law

MARYLAN	ID STATE DEPARTM	ENT OF HEALT	H-BALT	IMORE, 18		10901
10901	CERTIFICA	ATE OF DEAT	Ή	R	eg. Dist. No	
PLACE OF DEATH ALLEGANY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTALLEGANY					
b. CITY OR YOWN (If outside carporate limits, wri		E. CITY OR TOWN (IF	outside corpore	ote limits, write RURA	AL and give ne	earest town)
d. NAME OF HOSPITAL (If not in hospital MEMOR TAL HOSPITAL, WARM	R PALESSIA.	48 BROADWA	Y			o, IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) BABY BC	Middle	YATES	4. DATE OF DEATH	OCTOBE		19 59
	ARRIED NEVER MARRIED X	B. DATE OF BIRTH OCTOBER 11,	1959		UNDER 1 YEA	Hours Min
a. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired)	06. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stor		entry)	12. CITIZEN C	F WHAT COUNTRY
FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
ELLIS R. YATES		XR LEAF	A. ARI	VOLD		
. WAS DECEASED EVER IN U. S. ARMED FORCES? et, no, or anknown] [If yee, give wor or dates of service)		MEMORIAL HOSPITAL, CUMBERLAND, MD.				
IB. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er line fos(a), (b), and (c).] Previable Cardiac Pa	,		-	idby	Sha 58
gove rise to immediate couse (o), stoling the under-						

PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.)

YES NO

20c. TIME OF INJURY Doy. Year 20d. INJURY OCCURRED Hour Q. m. While Not while of work of work p. m.

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County) (Stote)

WAS AUTOPSY PERFORMED?

alive an

21. I certify that I attended the deceased from

59, that I last saw the deceased and that death accurred at 10:254, Rem the causes and an the date stated above.

DATE SIGNED

PHYSICIAN'S NAME (Type) DR. B. RANSOM

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 10-12-59

22c. NAME OF CEMETERY OR CREMATORY Frostburg Mem. Park 22d. LOCATION (City, town, or county) Frostburg, Maryland

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

ACTUAL

ADDRESS Durst Funeral Home, Frostburg, Maryland 240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE Orthur S. Krous

2060351XVO

page 3 should TO HOSPITAL TO FUNERAL VS A15 (4) 15M 9/5B

272 250 0.50.670.077 AND MENTAL MARTINES. PATTER 10,10,120 GELLINETTO duction is made in OLANGE UNANTED A TO DE Tripped to introduce of the control and all sales and the same the same of the same that the same